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(City/State/Zip/Phone #)

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2019 AUG 16 PM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 26 2019  
T. LEMIEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BROWSING4MAGIC L.L.C**  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Anna Chu**  
\_\_\_\_\_

(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**245 18th Street Apt 705**  
\_\_\_\_\_

(Address)

**Miami Beach, FL 33139**  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

**Anna Chu**  
\_\_\_\_\_

(Name of Person)

**305 3037826**  
\_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
BROWSING4MAGIC L.L.C

2. The Articles of Organization were filed on August 08/31/2018 and assigned  
document number L18000209322

3. The delayed effective date the dissolution if not effective on the date of filing: 08/13/2019  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Loss of profit and loss of point of sales

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: ANNA CHU

245 18th St. apt # 705

Miami Beach, Fl. 33139

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

Anna Chu

Printed Name

**FILING FEE: \$25.00**

2018 AUG 16 P 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED