

L18000 215577

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

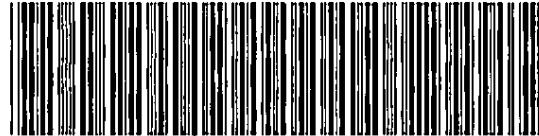
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300352192263

10/02/20--01011--002 \*\*25.00

R. WHITE

NOV 10 2020

2020-10-23 14:29

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All About Soul, LLC

\_\_\_\_\_  
(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:

Shawn Murphy

\_\_\_\_\_  
(Name of Person)

All About Soul, LLC

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

238 Tampa Ave W. #217

\_\_\_\_\_  
(Address)

Venice, FL 34285

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Murphy

\_\_\_\_\_  
(Name of Person)

941

917-608-6119

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
All About Soul, LLC

2020 C.L. -2 File: 29

2. The Articles of Organization were filed on 09/10/2018 and assigned  
document number L18000215577

3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2020  
(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.

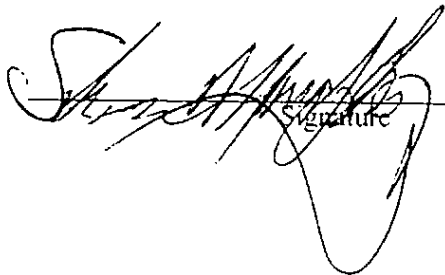
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).  
Not able to Perform as a Band. Caused by the environment of Covid-19

Not able to Perform as a Band. Caused by the environment of Covid-19

Not able to Perform as a Band. Caused by the environment of Covid-19

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

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:



Shawn Murphy

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: All About Soul, LLC

Document number of Limited Liability Company is: L18000215577

Date of dissolution was: 09/30/2020

Description of information that must be included in a written claim:

I Shawn Murphy am requesting dissolution of All About Soul, LLC due to non preformance of the band

caused by Covid-19.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

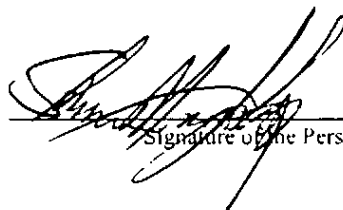
238 Tampa Ave W. 217

Venice, FL 34285

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Shawn Murphy

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**