

L19000023588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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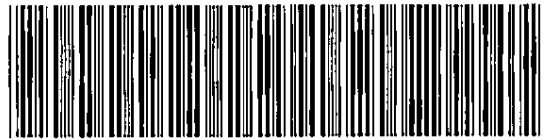
(Business Entity Name)

(Document Number)

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2023 FEB 27 AM 9:27

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ALLAHASSEE, LOUISIANA

2023 FEB 27 PM 2:04

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 02/27/23

NAME: CRESTVIEW MAGIC, LLC


TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRESTVIEW MAGIC, 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:

KERRY ANNE SCHULTZ

(Name of Person)

SCHULTZ LAW GROUP

(Firm/Company)

2779 GULF BREEZE PARKWAY

(Address)

GULF BREEZE FL 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

(Name of Person)

850

754-1600

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

FILED
2023 FEB 27 AM 9:27

DEPARTMENT OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
CRESTVIEW MAGIC, LLC

2. The Articles of Organization were filed on 01/22/2019 and assigned
document number L19000023588

3. The delayed effective date the dissolution is not effective on the date of filing:
(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).
PURSUANT TO UNANIMOUS CONSENT OF ALL MEMBERS

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

PO BOX 11996

PENSACOLA FL 32524

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

Richard West
Printed Name

FILING FEE: \$25.00