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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

Candy Flip Creative 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:

(Name of Person)				
(Firm/Company)				
3575 Salt Marsh Circle				
(Address)				
West Melbourne, FL 32904				
(City/State and Zip Code)				

For further information concerning this matter, please catt:

William Hinson	_{at (} 321	,544-1745
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee and Certificate of Dissolution	_	Fee. Certificate of Dissolution & opy (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
Chiton Daniel
2661 Executive Center Chiton
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili Candy Flip Creative LLC	ty company is			
2.	The Articles of Organization	were filed on $\frac{2/21/20}{}$	19	and assigned	
	document number 1.1900005	390			
3.	Note: If the date inserted in the	the dissolution if not effective on the date of filing: 11/7/2019 e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.			
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limopy 605.0707 on back	nited liability company's cover letter).	dissolution pursuant to sec	etion
	The owners of Candy Flip Crea				<u>_</u>
5	If there are no members, enti-	er the name and addre	ss of the person appoint	ed to wind up the company	DIVISION OF CORPOR
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William Hinson			A		
		3575 Salt Marsh Circle			AM 10: 39
West Melbourne, FL 32904					_
6. lis	Signature of an authorized potential steel above to wind up the com	erson or if there are no pany's activities and a	members, the signature affairs:	e of the person appointed an	— nd
	White I was	<u> </u>	William Hinson	ited Name	_
	Signatule		[111	ica rame	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Carlotte . *

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: Candy Flip C	reative LLC
Document number of Limited Liability Company is: L1900	00051390
Date of dissolution was: 11/7/2019	
Description of information that must be included in a written cla	aim:
The owners of Candy Flip Creative have mutually agr	reed to dissolve the LLC.
Mailing address where claims can be sent: (Claims cannot be se 3575 Salt Marsh Circle	ent to the Division of Corporations)
West Melbourne, FL 32904	
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice	
\^/:!!iam Hinson	MUNI
conted Name of the Person Filing	Signature of the Person Filing