

L19 000077006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

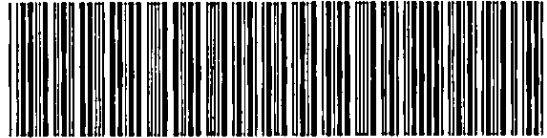
(Document Number)

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J. L. MURPHY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decorating Dreams, LLC
(Name of Limited Liability Company)
Document #: L19000077006

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

Please return all correspondence concerning this matter to the following:

IvETTE GARCIA
(Name of Person)
Decorating Dreams, LLC
(Firm/Company)
2490 SW WEBSTER LANE
(Address)
Port St. Lucie, FLORIDA 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

IvETTE GARCIA at 954 304-7661
(Name of Person) (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

4/6/2021

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

IUETTE GARCIA
Decorating Dreams, LLC
2490 SW WEBSTER LANE
FORT ST. LUCIE, FL
34953

954-304-7661

EMAIL: decoratingdreamsllc
@gmail.com

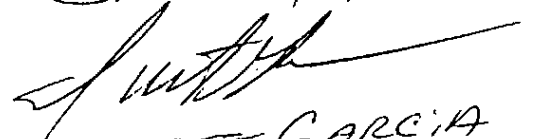
Dear Sir/Madam:

I am writing in reference to Voluntary
dissolution of my Limited Liability
Company: Decorating Dreams, LLC
Document #: L 19000077006.

My company was affected by Covid-19.
I am unable to do events due to
social distancing. No one is planning
a wedding, a bridal shower, or any
party due to Covid-19.

I am closing my business.
I am enclosing a check for \$25.00
CK# 1011 for filing fee.

Sincerely,


IUETTE GARCIA

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

1. The name of a limited liability company is

Decorating Dreams, LLC

2. The Articles of Organization were filed on 03/19/2019 and assigned

document number L19000077006

3. The delayed effective date the dissolution if not effective on the date of filing: 4/6/21
(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.

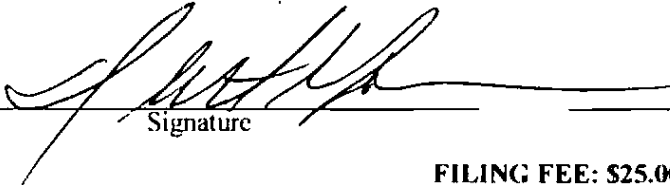
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closing Business due to Covid-19.
I am unable to do Weddings,
Bridal Showers, or any party
due to 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:

IUETTE GARCIA
2490 SW WEBSTER LANE
PORT ST. LUCIE, FLORIDA 34953

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

IUETTE GARCIA
Printed Name

FILING FEE: \$25.00

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CLERK OF COURT
STATE OF FLORIDA