

L19000 112927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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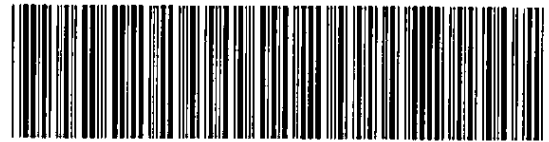
(Business Entity Name)

(Document Number)

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

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JAN 16 2020  
2:59 PM  
CLERK OF COURT  
JAN 16 2020

FEB 13 2020  
C MCNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Own It! Monograms and More  
(Name of Limited Liability Company)

RECEIVED  
DIVISION OF CORPORATIONS  
20 JAN 16 PM 2:59

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

Please return all correspondence concerning this matter to the following:

Diana Lewandowski  
(Name of Person)

Own It! Monograms and More  
(Firm/Company)

4916 Portsmouth St.  
(Address)

Tallahassee, FL 32310  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Lewandowski at ( 352 ) 602-5202  
(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

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

20 JAN 16 PM 2:59  
CLERK OF THE COURT  
JAN 16 2016

1. The name of a limited liability company is

Own It! Monograms and More

2. The Articles of Organization were filed on April 2019 and assigned

document number L19000112927

3. The delayed effective date the dissolution if 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).

Lack of income

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

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:

Diana Lewandowski  
Signature

Diana Lewandowski  
Printed Name

**FILING FEE: \$25.00**