

L19 000 118 155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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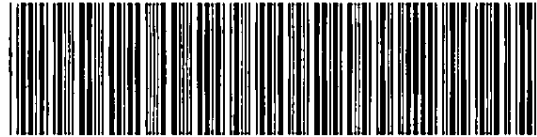
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D. BRUCE

MAY 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artsy Wall Boss 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:

Emily Ducker
(Name of Person)
Artsy Wall Boss LLC
(Firm/Company)
12031 Raintree Dr #A
(Address)
Panama City 32404
(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Ducker at (432) 934-8125
(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

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TALLAHASSEE, FL
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Artsy Wall Boss LLC

2. The Articles of Organization were filed on

~~3/31/2020~~ 5/1/2019 and assigned

document number L19000118155

3. The delayed effective date the dissolution if not effective on the date of filing: N/A

(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).

We made no sales.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Ferris Emily Ducker 1110 N Haven

Cir

Lynn Haven FL 32444

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:

Emily Ducker
Signature

Emily Ducker
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE
SECRETARY OF STATE

FILED