

W19000196820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

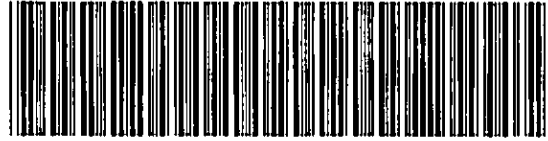
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/22--01012--020 **25.00

FILED

2022 MAR -1 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

MAR 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellow Avenue Boutique
(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:

Krista Rivera
(Name of Person)

Yellow Avenue Boutique
(Firm/Company)

1022 Laurel Ave
(Address)

Venice FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

Krista Rivera at (941) 587-8621
(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

FILED

2022 MAR -1 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

Yellow Avenue Boutique

2. The Articles of Organization were filed on _____ and assigned

document number L190000196820

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/2022
(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).

Decided it was best to close.

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

Krista Rivera
1022 Laurel Ave
Venice FL 34285

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

Krista Rivera
Printed Name

FILING FEE: \$25.00