

L19000 216 369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

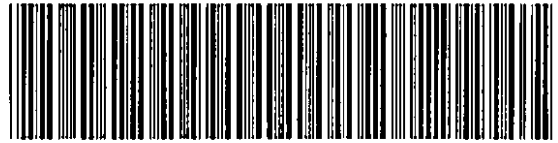
(Business Entity Name)

(Document Number)

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1623  
OFFICE OF THE CLERK  
JAN 20 8 08 AM  
20 JAN -3 AM 8:18

JAN 31 2020  
C. MCNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARVELOUS MS. MARKETING, LLC.

(Name of Limited Liability Company)

20 JAN -3 AM 8:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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

Please return all correspondence concerning this matter to the following:

TARA D. JOHNSON

(Name of Person)

MARVELOUS MS. MARKETING, LLC.

(Firm/Company)

1700 N. MONROE ST., 11-190

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

TARA D. JOHNSON

(Name of Person)

850

at ( )

228-5530

(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**

RECEIVED  
20 JAN -3 AM 8:18  
FILING OFFICE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
MARVELOUS MS. MARKETING, LLC.
2. The Articles of Organization were filed on 8/23/2019 and assigned  
document number L19000216369
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019  
(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).

I'M MOVING OUT OF STATE

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:

  
Signature

TARA D. JOHNSON

Printed Name

**FILING FEE: \$25.00**