

119 000 231 074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

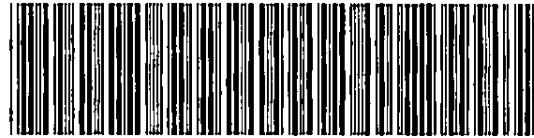
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DEC 15 2021<sup>S</sup>

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2021 NOV 29 PM 2:23  
SECRET  
MAIL ROOM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIVING REFLECTION, 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:

JACQUELINE M. DURHAM, ESQ.

\_\_\_\_\_  
(Name of Person)

KOONTZ & ASSOCIATES, PL

\_\_\_\_\_  
(Firm/Company)

1613 FRUITVILLE RD.

\_\_\_\_\_  
(Address)

SARASOTA, FL 34236

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE M. DURHAM

\_\_\_\_\_  
(Name of Person)

941

225-2615

at (\_\_\_\_\_) \_\_\_\_\_

(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

2021 NOV 29 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
LIVING REFLECTION, LLC

2. The Articles of Organization were filed on SEPTEMBER 12, 2019 and assigned  
document number L19000231074

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).  
PURSUANT TO ALL MEMBERS

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:

→ Thomas B. Knott  
Signature

THOMAS B. KNOTT

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LIVING REFLECTION, LLC

Document number of Limited Liability Company is: L19000231074

Date of dissolution was: NOVEMBER 15, 2021

Description of information that must be included in a written claim:

(i) creditor or claimant name, account or vendor number (if applicable); (ii) date of order, transaction, or occurrence  
resulting in claim; (iii) outstanding balance due to creditor or claimant (including interest and fees, if applicable);  
(iv) copy of contract or other summary of terms between Company and creditor/claimant; (v) copy of invoice from  
creditor or claimant for subject claim (if applicable); (vi) contact information for creditor or claimant, including tele-  
phone number, email, mailing address and designated manager or officer of creditor with authority to discuss claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1827 Bahia Vista St., Sarasota, FL 34239

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Thomas B. Knott

Printed Name of the Person Filing

Thomas B. Knott ←

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**