

L19000284720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

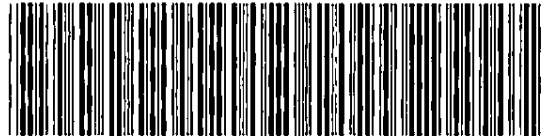
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: By You Silk Art 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:

Tammi McFadden

(Name of Person)

By You Silk Art LLC

(Firm/Company)

333 Greenleaf Lakes Ave

(Address)

Ponte Vedra, FL 32081

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammi McFadden

540

429-3190

at (_____) _____

(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

1. The name of a limited liability company is
By You Silk Art LLC
2. The Articles of Organization were filed on 11/15/2019 and assigned
document number L19000284720
3. The delayed effective date the dissolution if not effective on the date of filing: 12.31.23
(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).
The consent of all the 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: Tammi McFadden
333 Greenleaf Lakes Ave
Ponte Vedra, FL 32081
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:

Mithal Signature

Tammi McFadden
Printed Name

FILING FEE: \$25.00