

L19000301738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

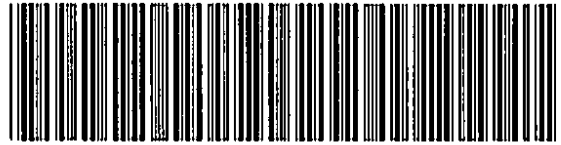
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Notice

Office Use Only



900342757939

04/06/20--01031--027 \*\*55.00

FILED  
STATE PARTY OF STATE  
APR 29 2020  
20 APR 29 PM 3:53

Dissolution

MAY 17 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Old City 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:

Sarah D Baker

(Name of Person)

Old City Boutique

(Firm/Company)

1385 Highland Blvd

(Address)

Saint Augustine/Florida 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Baker

(Name of Person)

at 904, 315-6692

(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

20 APR 29 PM 3:53

FILED  
STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2020

SARAH D BAKER  
OLD CITY BOUTIQUE  
1385 HIGHLAND BLVD  
ST AUGUSTINE, FL 32084

SUBJECT: OLD CITY BOUTIQUE LLC  
Ref. Number: L19000301738

We have received your document for OLD CITY BOUTIQUE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 620A00008288

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Old City Boutique
2. The Articles of Organization were filed on December 11, 2019 and assigned  
document number L19000301738
3. The delayed effective date the dissolution if not effective on the date of filing: 4/2/2020  
(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).

COVID-19

COVID-19

COVID-19

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

Sarah D Baker

Printed Name

**FILING FEE: \$25.00**

FILED  
20 APR 29 PM 3:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION