

h20 000 154 878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

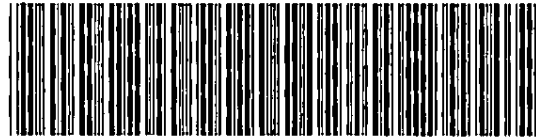
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/21--01010--026 **25.00

[L]

2021 JAN 11 AM 9:29

V/D

Jane's Secret Closet, LLC.

EIN# 85-1317115

Alicia N. Stevenson Sole MBR

1637 Gunsmith Dr. Lutz, FL 33559

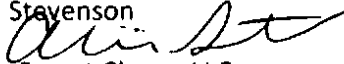
This letter is to confirm the closure of Jane's Secret Closet, LLC, EIN# 85-1317115, located at 1637 Gunsmith Dr. Lutz, FL 33559 effective today, January 6th, 2021

The closure of this named business is due to the lack of ability to proceed with all operations due to my needs of being a caregiver to my disabled child. All necessary closure documents are being filed with all related agencies per guidelines stated.

Please notify me upon closure and any other requirements pertaining to this closure as needed.

Sincerely,

Alicia Stevenson


Jane's Secret Closet, LLC

1637 Gunsmith Dr.

Lutz, FL 33559

813-562-1307

Aliciastevenson2011@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jane's Secret closet, 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:

Alicia N. Stevenson

(Name of Person)

Jane's Secret closet, LLC

(Firm/Company)

1637 Gunsmith Dr. ~~Lutz, FL~~ ^{A.S.}

(Address)

Lutz, FL 33559

(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Stevenson

(Name of Person)

at (813) 562-1307

(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

Jane's Secret Closet, LLC

2. The Articles of Organization were filed on 01/06/2021 ^{6/5/2020} and assigned

document number _____

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)

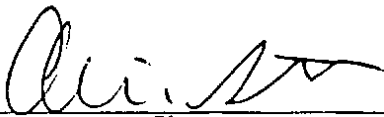
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Dissolution of Jane's Secret Closet, LLC
due to the lack of ability to proceed conducting
business due to being a full time caregiver to
my disabled child.

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

Alicia Stevenson

Printed Name

FILING FEE: \$25.00

2021 JAN 11 AM 9:29