## L20000364937

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A. RIVERS MAY 1 3 2023

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJEC	CT: Designs By Gladys (Name of Limited)	Liability Company)	
The encl	losed Articles of Dissolution and fee(s) are submitted	for filing.	
Please re	eturn all correspondence concerning this matter to the	following:	
	Gladys Wilson (Name o	1 (FYEENE f Person)	
	Designs By Glac	ompany)	
592 Dewey Johnson Way.			
Grefna Fl 32332 (City/State and Zip Code)			
For furth	er information concerning this matter, please call:		
	(S Gy Wilson Greene (Name of Person)	at (\$50) 363-7998 (Area Code & Daytime Telephone Number)	
Enclosed i	is a check for the following amount:		
Ø	\$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	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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
Designs By Gladys LLC
2. The Articles of Organization were filed on $\frac{11/8}{222}$ and assigned
document number $L20000364937$
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).
The reason for dissolution is I became illy few
month after applied for this because and I have
power used it business of health reason In
oenderg this license.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: (3/00/45 W. 1500 Greene
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:
Skady Vilson Green e Gladys Wilson Green e Printed Name

FILING FEE: \$25.00