

L20000 389 7S9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

12/13/24--01018-004 **25.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200440985392

FILED
2024 DEC 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ma Menagerie by Anne Kemp
(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:

Anne Vuillemin Kemp

(Name of Person)

Ma Menagerie By Anne Kemp

(Firm/Company)

430 Bouchelle dr Apt 201

(Address)

New Smyrna Beach FL 32169

(City/State and Zip Code)

FILED
2024 DEC 13 PM:56
TALLAHASSEE
SECRETARY OF STATE
FLA

For further information concerning this matter, please call:

Anne Vuillemin Kemp
(Name of Person)

386 at () 307 0101
(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

Ma Menagerie By Anne Kemp

2. The Articles of Organization were filed on 12/14/2020 and assigned

document number L20000389759

3. The delayed effective date the dissolution if not effective on the date of filing: 12/6/2024

(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).

no sales

no sales

no sales

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs: Anne Vuillemin Kemp

430 Bouchelle dr Apt 201

New Smyrna Beach FL 32169

2024 DEC 13
SECRETARY OF STATE
TALLAHASSEE, FLA
AM 10:15
FILED

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

Printed Name

FILING FEE: \$25.00