## L21000203217

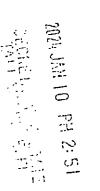
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600421009866

01/10/24--01025--016 \*\*25.00



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab  Pink Moon	Glass Studio
2. The Articles of Organization	ion were filed on 4.30.21 and assigned
document number <u>L2(</u>	000203217
effective (effective)  Note: If the date inserted in	the dissolution if not effective on the date of filing: 5.03.21  ve date cannot be prior to or more than 90 days later than date document is received for filing)  in this block does not meet the applicable statutory filing requirements, this date will not be ective date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the limited liability company's dissolution pursuant to section, (copy 605.0707 on back cover letter).
This Compan	y was meant to be a side husfle but
Simply don	if have the time needed to maken
it a aconin	ng Succes
5. If there are no members, e activities and affairs:	enter the name and address of the person appointed to wind up the company's  Sell / Holly Tibbeth
	4611 NW 28# St.
	11
	James Ville to 32605
6. Signature of an authorized above to wind up the compan	d person or if there are no members, the signature of the person appointed and lisely's activities and affairs:
2/11/14	Holly Tibbells
Signature	Printed Name
	FILING FEE: S25.00

FILING FEE: \$25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Pink Moon Glass Studio LLC (Name of Limited Liability Company)			
(Name of Limited Claonity Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Person)			
Pink Moon Glass Studio UC (Firm/Company)			
H611 NW 28# Street (Address)			
(Address)			
Gainesville FC 32605 25 TE			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (904) 826-5004 (Area Code & Daytime Telephone Number)			
(Area Code & Daytine Telephone Number)			
Enclosed is a check for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution  Check # 1191  □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address:  Registration Section  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