

K21 000274484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

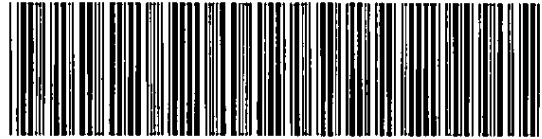
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09.27/21--01027--011 ++25.00

FILED
2021 SEP 27 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL WRAPPED UP LIQUID WRAPS 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:

CHRISTOPHER DZAMKO

(Name of Person)

(Firm/Company)

6213 CREETOWN DR

(Address)

JACKSONVILLE, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER DZAMKO

(Name of Person)

904

680-4603

at (_____) _____

(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
ALL WRAPPED UP LIQUID WRAPS LLC
2. The Articles of Organization were filed on 06/14/2021 and assigned
document number L21000274484
3. The delayed effective date the dissolution if not effective on the date of filing: 06/30/2021
(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).

I WASN'T ABLE TO GET CUSTOMERS TO CONTINUE THE BUSINESS.

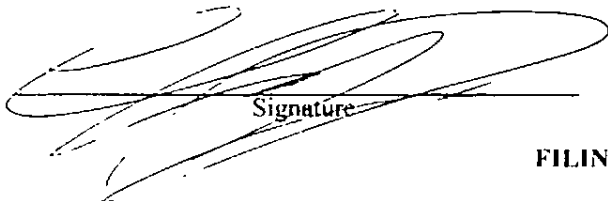
I WASN'T ABLE TO GET CUSTOMERS TO CONTINUE THE BUSINESS.

I WASN'T ABLE TO GET CUSTOMERS TO CONTINUE THE BUSINESS.

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

6213 CREETOWN DR. JACKSONVILLE, FL 32216

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

CHRISTOPHER DZAMKO

Printed Name

FILING FEE: \$25.00

FILED
2021 SEP 27 PM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL