

L21000304806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

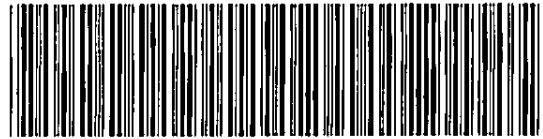
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/11/24--01010--018 \*\*25.00

FILED  
2024 FEB 20 AM 8:15  
CLERK OF THE COURT  
CLERK OF THE COURT  
CLERK OF THE COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IT'S MY CLIP, 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:

CAROLINE JO MCILMOIL

\_\_\_\_\_  
(Name of Person)

It's My Clip, LLC

\_\_\_\_\_  
(Firm/Company)

7931 Alderman Rd

\_\_\_\_\_  
(Address)

Jacksonville, FL 32211

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Caroline McIlmoil

\_\_\_\_\_  
(Name of Person)

540

846-7677

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

It's My Clip, LLC

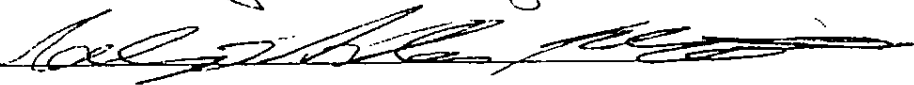
2. The Articles of Organization were filed on 07/02/2021 and assigned

document number L21000304806

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).

Managing Member Retired from It's My Clip, LLC  
Member, Colin S.A. McIlmoil, consents  
to the dissolution by his signature  
on 02/14/2021: 

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

Caroline Jo McIlmoil  
7931 Aldermeen Rd  
Jacksonville, FL 32211

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

Caroline Jo McIlmoil  
Printed Name

FILING FEE: \$25.00

FILED  
2021 FEB 20 4 18:15  
STATE  
TREASURY  
FL