L23000074501

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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FILED 2023 OCT 27 AM 9: 50 0ECRETARY OF STAND

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CITY IN the MISTELL (Name of Limit	t LCC	
CITY IN THE MIST LLC (Name of Limit	ed Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submit	ted for tiling.	
Please return all correspondence concerning this matter to	the following:	
RECECCA A CULVER (Name of Person)		
· ·		
(Fin	m/Company)	
844 N TYNDALL PKWY STE 312		
(Address)	
PANAMA CITY, FL 32404		
(City/Sta	ate and Zip Code)	
For further information concerning this matter, please call:	:	
RECECCA A CULVER	334 447-8819	
(Name of Person)	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	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTIO FOR A LIMITED LIABILITY COMP.	130cr - 10
CITY IN THE MIST LLC	Mist UC	
2. The Articles of Organization document number $\frac{L2}{92-266}$		23 and assigned
The delayed effective date (effective Note: If the date inserted in	the dissolution if not effective on the date e date cannot be prior to or more than 90 days late this block does not meet the applicable statut ctive date on the Department of State's record	ory tiling requirements, this date will not be
4. A description of occurrence 605.0707. Florida Statutes, Business never opened	e that resulted in the limited liability com (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
	nter the name and address of the person ap	ppointed to wind up the company's
activities and affairs:		
	PANAMA CITY, FL 32404	
Signature of an authorized	person or if there are no members, the sig	enature of the person appointed and lister
above to wind up the company	s activities and affairs:	
Signature Signature	wer	Printed Name

FILING FEE: \$25.00