

L23 000 202820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/25/23--01015--014 \*\*25.00

2023 DEC 27 2:10:51

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creative Kids Club  
(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:

Constance Cooper

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

Creative Kids Club

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

PO Box 3351

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

Winter Haven, FL 33881

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

For further information concerning this matter, please call:

Constance Cooper

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

at ( 813 ) 394-2556

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

2023 DEC 27 11:10:51

☒ \$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**

2023 DEC 21 11:11:51

1. The name of a limited liability company is Creative Kids Club

\_\_\_\_\_

April 25, 2023

2. The Articles of Organization were filed on \_\_\_\_\_  
and assigned

L23000202820

document number \_\_\_\_\_

12/27/2023

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).

**Unable to find a suitable building to support the business.**

\_\_\_\_\_

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

PO Box 3351 Winter Haven, FL 33885

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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:

Constance Cooper

Signature

Constance Cooper

Printed Name

**FILING FEE: \$25.00**