

L24000110831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

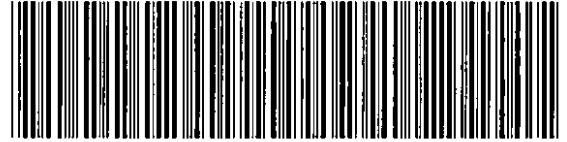
(Document Number)

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

Special Instructions to Filing Officer:

W.Mills

Office Use Only



600435858216

09/03/24--01027--005 \*\*25.00

2024 SEP -3 AM 10:33

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTSY HIDEAWAY 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:

HELEN STARKWEATHER

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

ARTSY HIDEAWAY LLC

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

318 PINEWILD COURT

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

ORLANDO, FL 32828

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

For further information concerning this matter, please call:

HELEN STARKWEATHER

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

407

401-2228

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  
ARTSY HIDEAWAY LLC

2. The Articles of Organization were filed on 03/04/2024 and assigned  
document number L24000110831

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).

ALL MEMBERS HAVE CONSENTED TO THE DISSOLUTION OF THE COMPANY

ALL MEMBERS HAVE CONSENTED TO THE DISSOLUTION OF THE COMPANY

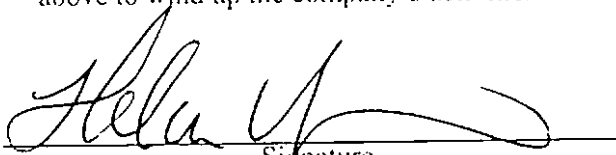
ALL MEMBERS HAVE CONSENTED TO THE DISSOLUTION OF THE COMPANY

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

318 PINEWILD COURT

ORLANDO, FL 32828

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

HELEN STARKWEATHER

Printed Name

**FILING FEE: \$25.00**