

US 000 171406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

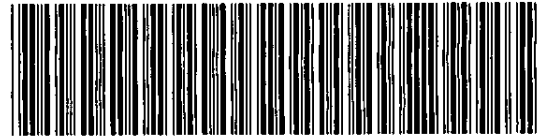
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/03/16--01036--017 **25.00

MAY 04 2016

J SHIVERS

FILED
16 MAY -3 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Photography by Annika 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:

Maria Annika Smith
(Name of Person)

Photography by Annika LLC
(Firm/Company)

7632 Southside blvd. Ap #212
(Address)

Jacksonville, Florida 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Annika Smith at (904) 586-7254
(Name of Person) (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Photography by Annika LLC

2. The Articles of Organization were filed on ~~L15000171406~~^{MS.} 10/8/15 and assigned

document number L15000171406

3. The delayed effective date the dissolution if not effective on the date of filing: 4/25/2016
(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 work as full time photographer
due to severe neck & back injuries as
a result of a car accident in November
2015 (and prior assault in 2014.)

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

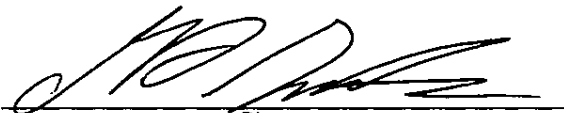
Maria Annika Smith

7632 Southside Blvd.

Apt #212

Jacksonville, FL 32256

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

Maria Annika Smith

Printed Name

FILING FEE: \$25.00

16 MAY -3 AM 7:09
FILED
SECRETARY OF STATE
JACKSONVILLE, FLORIDA