

L20000284939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

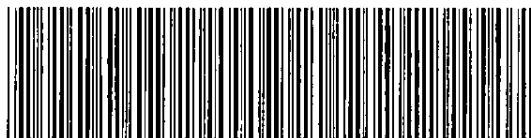
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700411921577

07/17/23--01030--014 **25.00

FILED
2023 OCT 18 PM 1:37
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2023

BRYAN CAFFREY
1930 N ARBOLEDA #217
MESA, AZ 85213

SUBJECT: ARIVS, LLC
Ref. Number: L20000284939

We have received your document for ARIVS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 623A00018937

already paid

10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arivs, 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:

Kaitlyn Brown

(Name of Person)

Arivs, LLC

(Firm/Company)

1930 N Arboleda #217

(Address)

Mesa, AZ 85213

(City/State and Zip Code)

For further information concerning this matter, please call:

Kaitlyn Brown

(Name of Person)

480

478-1036

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**

FILED

2023 OCT 18 PM 1:38

**DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

Arivs, LLC

2. The Articles of Organization were filed on 09/11/2020

document number L20000284939

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)

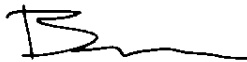
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Arivs, LLC is no longer transacting business in the state of Florida.

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

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

Bryan Caffrey

Printed Name

FILING FEE: \$25.00