L23000129684

(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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2025 JAN 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNKISSED BOUTIQUE, 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:

LEEANNE POLORONIS
(Name of Person)

SUNKISSED BOUTIQUE, LLC
(Firm/Company)

127 COMMERCE STREET, SUITE A
(Address)

APALACHICOLA, FL 32320
(City/State and Zip Code)

For further information concerning this matter, please call:

LEEANNE POLORONIS at (851) 653-6472
(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
SUNKISSED BOUTIQUE, LLC

2. The Articles of Organization were filed on 09/25/2023 and assigned

document number L23000129684

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).
BUSINESS CLOSED

BUSINESS CLOSED

BUSINESS CLOSED

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

222 AVENUE G

APALACHICOLA, FL 32320

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:

Leeanne Poloronis
Signature

LEEANNE POLORONIS
Printed Name

FILING FEE: $25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This **"Notice of Limited Liability Company Dissolution"** is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SUNKISSED BOUTIQUE, LLC

Document number of Limited Liability Company is: L23000129684

Date of dissolution was: 12/31/2024

Description of information that must be included in a written claim:

CLAIM AMOUNT, DATE AND DESCRIPTION OF ANY SERVICES OR PRODUCTS PROVIDED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

SUNKISSED BOUTIQUE, LLC

C/O LEEANNE POLORONIS

222 AVENUE G

APALACHICOLA, FL 32320

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2025 JAN 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LEEANNE POLORONIS
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00