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(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



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COVER LETTER

	sistration Section ision of Corporations			
SUBJECT:	PORAT & LYNN ART AND CUSTOM FR	AMING, LLC		
NOBJECT.	(Name of Limited Liability Company)			
The enclosed	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	LATANIA M RUISE			
	(Name of Person)			
	RUISE & ASSOCIATES PA			
	(Firm/Company)			
	1761 N YOUNG CIRCLE, STE 3 #110			
		(Address)		
	HOLLYWOOD, FL 33020			
	(City/St	ate and Zip Code)		
for further in	nformation concerning this matter, please call	:		
LATANIA M RUISE		786 393-7750 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
inclosed 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)		
	iling Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		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			
	PORAT & LYNN ART AND CUSTOM FRAMING, LLC			
2.	The Articles of Organization were filed on 02/05/2019 and assigned			
	document number <u>L19000036721</u>			
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).			
	THE BUSINESS SALES DECREASED SIGNIFICANTLY IN 2022 AND HASN'T RECOVERED ENOUGH			
	TO COVER THE OPERATIONAL MONTLY OPERATIONAL COST OF DOING BUSINESS.			
	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:			
	25 🗀			
		r		
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:	l		
	DAVID PORAT DAVID OG DA	,		
-	Bright Nama			

FILING FEE: \$25.00

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: PORAT & LYNN A	AND CUSTOM FRAMING, LLC
Document number of Limited Liability Company is:	9000036721
Date of dissolution was: 02/01/23	
Description of information that must be included in a w	ritten claim:
THE CLAIM MUST BE IN WRITING	
Mailing address where claims can be sent: (Claims can	not be sent to the Division of Corporations)
2836 STIRLING RD #F	
HOLLYWOOD, FL 33020	
A claim against the above named limited liability compactain is commenced within 4 years after the filing of this	
DAVID PORAT	
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