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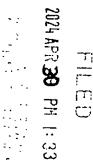
(Ř	equestor's Name)	· · · · · · · · · · · · · · · · · · ·					
(Address)							
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PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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04/30/24--01011--008 **25.00



4/23/24. To whom it may concern: I, Samuel Moore, and clissolving the LLC of San Moore Interiors. My telephone * is 407-721-7025 and my return address is: 212 Bevis Circle Huntington, W. 25405. I am retiring and moving out of the state of Floriela Shankyow, Samuel a. Moory

> Registration Section Division of Corporations PO. Box 6327 Talkchassee, FL 32314

COVER LETTER

TO:

Registration Section Division of Corporations

Sam Moore Interiors Limited Liability Company SUBJECT:								
(Name of Limited Liability Company)								
The enclosed Articles of Dissolution a	nd fee(s) are submitted for filing.							
Please return all correspondence conce	erning this matter to the following:							
Samuel Moore								
(Name of Person)								
Sam Moore Interiors, LLC								
	(Firm/Company)							
2459 Woodside Ridg	2459 Woodside Ridge Dr							
	(Address)							
Apopka, FL 32712	Apopka, FL 32712							
(City/State and Zip Code)								
For further information concerning thi	s matter, please call:							
Samuel Moore	407 721-7025 at ()							
(Name of Pe								
Enclosed is a check for the following amount	unt:							
S25.00 Filing Fee and Certificat	c of Dissolution □ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)							
Mailing Address: Registration Section	Street Address: Registration Section							
Division of Corporations								
P.O. Box 6327	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 liabil	ity company is			2 .			
	Sam Moore Interiors, LLC				1024 1/			
2.	The Articles of Organizatio		003	and assigned	36			
	document number							
3.	Note: If the date inserted in	e the dissolution if not effective on the date of filing: 4/30/2024 ive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the li copy 605.0707 on ba	mited liability company ck cover letter).	y's dissolution pursua	ant to section			
	Retiring and moving out of the	state of Florida.						
5.	If there are no members, en activities and affairs:	ter the name and addr Samuel Moore	ess of the person appoi	nted to wind up the c	ompany's			
		212 Bevis Circle						
		Huntington, WV 257	05					
6. ab	Signature of an authorized pove to wind up the company	person or if there are res activities and affair	no members, the signatus:	ure of the person app	ointed and listed			
_/	Samuel M. Mot	Ef	Samuel Moore					
-	✓ / Signature	/	Pi	rinted Name				

FILING FEE: \$25.00