

L08000001496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

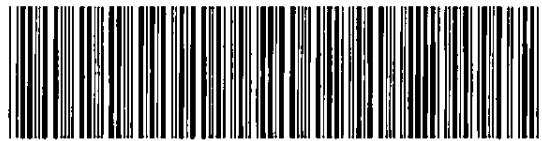
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/22/24--01023--003 \*\*25.00

FILED  
2024 MAR 22 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

JOANN PALUMBO LLC

2. The Articles of Organization were filed on 01/04/2008 and assigned

document number L08000001446

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).

SOLE OPERATOR / MEMBER DISSOLVING BUSINESS

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

JOANN PALUMBO  
4264 ROCKY RIDGE PL  
SANFORD, FL 32773

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:

Joann Palumbo  
Signature

JOANN PALUMBO  
Printed Name

**FILING FEE: \$25.00**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Joann Palumbo 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:

JOANN PALUMBO  
(Name of Person)

JOANN PALUMBO LLC  
(Firm/Company)

4264 ROCKY RIDGE PL  
(Address)

JANFORD FL 32773  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

JOANN PALUMBO at 407, 562-7162  
(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