

L080000 45084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

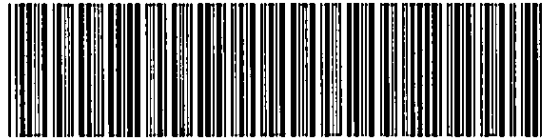
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/20--01016--012 **25.00

08/12/20--01016--013 **5.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 12 AM 11:12

Dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THRIFTARELLA'S 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:

CHRISTINE QUATRINI
(Name of Person)

(Firm/Company)

3032 LAKE SHORE DRIVE
(Address)

FT. LAUDERDALE, FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE QUATRINI at 954, 822-0120
(Name of Person) (Area Code & Daytime Telephone Number)

PLEASE
DO NOT
PRINT
PUBLICLY

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

20 AUG 12 AM 11:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 12 AM 11:12

1. The name of a limited liability company is

THRIFTARELLA'S LLC

2. The Articles of Organization were filed on 05/05/2008 and assigned

document number L08000045084

3. The delayed effective date the dissolution is not effective on the date of filing: 8/7/2020
(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).

DUE TO COVID-19, MY SECOND-HAND STORE
COULD NOT STAY OPEN. CONSEQUENTLY,
MY VOLUNTARY DISSOLUTION OF MY LLC.

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

CHRISTINE QUATRINI
3032 LAKESHORE DRIVE
FORT LAUDERDALE, FL
33312

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

CHRISTINE QUATRINI
Printed Name

FILING FEE: \$25.00