## L11000002858

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		





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PILED

2025 MAY 16 PM 2: 07

SECTREMAN OF STATE
TALLAHASSEE, FL



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	Richie's Early Learning Academy, LLC ECT:				
		I Liability Company)			
The er	iclosed Articles of Dissolution and fee(s) are submitte	d for filing.			
Please	return all correspondence concerning this matter to the	ne following:			
	Malinda Diskin				
	Melinda Richie				
	(Name	of Person)			
	(Firm/Company)				
	159 NE Gwen Way				
	(A	ddress)			
	Lee, FL 32059	Lee. FL 32059			
	(City/State	and Zip Code)			
For fu	ther information concerning this matter, please call:				
Melinda Richie		850 566-1036			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed 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	Street Address: Registration Section			
	Division of Corporations	Division of Corporations			
P.O. Box 6327 The Centre of Talla		The Centre of Tallahassee			
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liab	oility company is	wa 13
Richie's Early Learning Aca	demy, LLC	2025 MAY 16 PM 2: 07
2. The Articles of Organizati	on were filed on $\frac{1/6/201}{}$	SECTION OF A
document number L110	00002858	
(effective	ve date cannot be prior to or r  this block does not meet:	Effective on the date of filing: 5/13/2025 more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be nent of State's records.
4. A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the lin (copy 605.0707 on back	nited liability company's dissolution pursuant to section k cover letter).
Business was closed on 5/31/	` • •	,
5. If there are no members, e activities and affairs:	nter the name and addre Melinda Richie	ess of the person appointed to wind up the company's
	159 NE Gwen Way	
	Lee, FL 32059	
6. Signature of an authorized above to wind up the compan	person or if there are no y's activities and affairs	o members, the signature of the person appointed and listo
Valide Signature	~~	Melinda Richie Printed Name
or Entire C		i i i i i i i i i i i i i i i i i i i

**FILING FEE: \$25.00**