

L14 000096108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

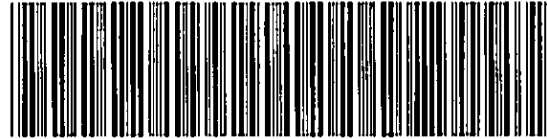
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/08/21--01019--017 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAR -8 PM 12:07

APR 29 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITRI FIVE, 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:

Stephanie Saade

(Name of Person)

Itri Five, LLC

(Firm/Company)

4625 Dellrose Dr

(Address)

Dunwoody, GA, 30338

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Saade

786 442 703

at (_____) _____

(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

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

1. The name of a limited liability company is
ITRI FIVE, LLC

2. The Articles of Organization were filed on Feb 11 2021 and assigned
document number 44000096108

3. The delayed effective date the dissolution if not effective on the date of filing: 02/15/2021
(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.

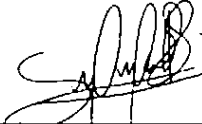
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Business purpose ceased to be economically viable

Not profita

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

4625 Dellrose Dr, Dunwoody, GA, 30338

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

Stephanie Saade

Printed Name

FILING FEE: \$25.00

2021 MAR -8 PM 12:07

CLERK OF STATE
DIVISION OF CORPORATIONS