

L14000146673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

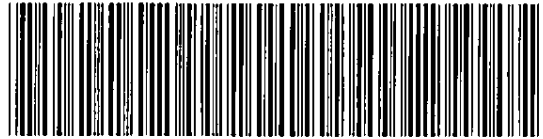
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
24 NOV -5 AM 9:42
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMEDOSITY, 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:

Sanjay Pudupakkam

(Name of Person)

Lumedosity, LLC

(Firm/Company)

1904 S. Ocean Drive Unit 1807

(Address)

Hallandale FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Sanjay Pudupakkam

(Name of Person)

954

857-8687

at (_____) _____

(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

Lumedosity LLC

2. The Articles of Organization were filed on 09/19/2014 and assigned

document number L14000146673

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).

the sole member of this company, Sanjay Pudupakkam, decided it is in the best interests of the company to dissolve

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

activities and affairs:

Sanjay Pudupakkam 1904 S. Ocean Drive Suite 1807

Hallandale FL 33009

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:

Sanjay Pudupakkam
Signature

Sanjay Pudupakkam
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Lumedosity LLC

Document number of Limited Liability Company is: 1.14000146673

Date of dissolution was: 10/30/2024

Description of information that must be included in a written claim:

the sole member decided it is in the best interest of the company to dissolve and liquidate the company.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1904 S. Ocean Drive Unit 1807 Hallandale, FL 33009

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Sanjay Pudupakkam

Printed Name of the Person Filing

Sanjay Pudupakkam

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00