

L15 0000013490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

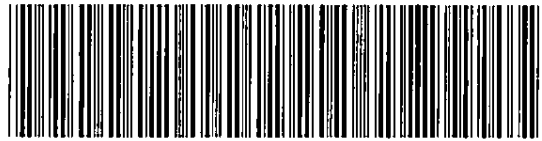
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2024-10-13 PM 2:38  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Simply Savvy Design 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:

Deanna Bos  
\_\_\_\_\_  
(Name of Person)

Simply Savvy Design LLC  
\_\_\_\_\_  
(Firm/Company)

9162 River Otter Drive  
\_\_\_\_\_  
(Address)

Fort Myers, FL 33912  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deanna Bos  
\_\_\_\_\_  
(Name of Person)

239 208-2910  
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

Simply Savvy Design LLC

2. The Articles of Organization were filed on November 8, 2024 and assigned

document number L15000013490

3. The delayed effective date the dissolution if not effective on the date of filing: FEB. 7, 2025  
(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).

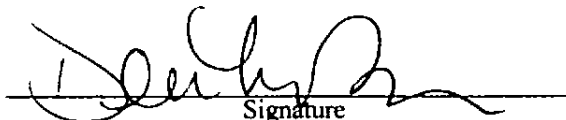
Lack of income.

Lack of income.

Lack of income.

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

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

Deanna Bos

Printed Name

**FILING FEE: \$25.00**