

L15 000 211 351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

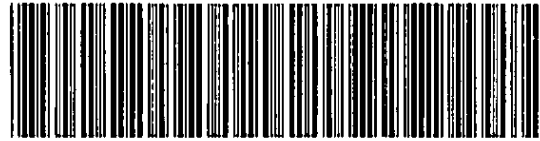
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/15/22-- 01019-- 003 \*\*25.00

FILED

2022 MAR 15 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/28/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clear Shades  
\_\_\_\_\_  
(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:

Salvatore Ledda

\_\_\_\_\_  
(Name of Person)

Clear Shades

\_\_\_\_\_  
(Firm/Company)

5306 Cedar Lake DR Unit 101

\_\_\_\_\_  
(Address)

Boynton Beach FL 33437

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Salvatore Ledda

347 239 7997  
\_\_\_\_\_  
at (\_\_\_\_\_) (Area Code & Daytime Telephone Number)

\_\_\_\_\_  
(Name of Person)

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

FILED

1. The name of a limited liability company is

CLEAR SHADES LLC

2022 MAR 15 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FL

2. The Articles of Organization were filed on 12-23-2015 and assigned

document number L15000211351

3. The delayed effective date the dissolution if not effective on the date of filing: 3/15/2022  
(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).

No business from 2019 - 2021

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

Salvatore LEDDA

5306 Cedar Lake Dr. unit 101

Boynton Beach FL 33437

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:

Salvatore L. Leda  
Signature

Salvatore F. LEDDA  
Printed Name

FILING FEE: \$25.00