

L17 0000 90453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

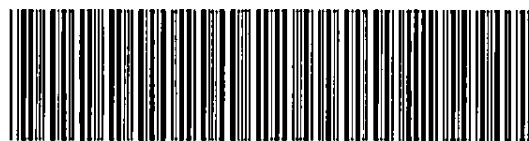
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STATE OF FLORIDA
TALLAHASSEE, FL

2024 MAR 12 PM 1:01

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Louwsma Limited 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:

Laura Louwsma
(Name of Person)

(Firm/Company)

1309 Manor House Drive
(Address)

Tallahassee FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Louwsma at (850) 228-2813
(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

Louwsma Limited LLC

2. The Articles of Organization were filed on April 24, 2017 and assigned

document number L17000090453

3. The delayed effective date the dissolution if not effective on the date of filing: March 12, 2024
(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).

Retirement from business

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]
Signature

Laura D. Louwsma
Printed Name

FILING FEE: \$25.00

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STATE OF FLORIDA
DEPARTMENT OF STATE

FILED

Please change the principal
address for Timesharing Peace, LLC
Document # L23000319450 to

941 South Orange Blossom Trail
Suite 4
Apopka, FL 32703

Thank you,
Alicia Jimenez, Esq.

RECEIVED
2024 MAR 12 PM 2:20
NATIONAL
NOTARY
ALLAHASSEE, FLORIDA