

L170000 96636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERIOR DESIGN CONSULTS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT PORTUGAL
Name of Person

INTERIOR DESIGN CONSULTS
Firm/Company

2901 SOUTH PALM AIRE DR. # 308
Address

POMPAN0 BEACH FL 33069
City/State and Zip Code

Scottportugal@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT PORTUGAL at (954) 226-0661
Name of Person Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:


FIRST: The name of the limited liability company is: INTERIOR DESIGN CONSULTS
LLC

SECOND: The Florida Document number of the limited liability company is: L1700009663

THIRD: The date of filing of the initial articles of organization is: 4-30-17

FOURTH: The date of filing of the dissolution is: 5-4-20

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

SCOTT PORTUGAL

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)