

L17000105098

101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

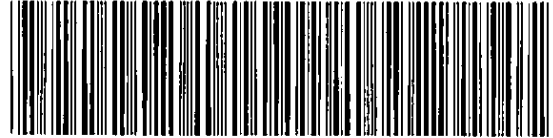
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700436449167

09/23/24--01011--015 **55.00

2024 SEP 23 PM 4:48
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFE OF SOUTH FLORIDA 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:

VIVIAN LUNDH DEL BENE
(Name of Person)

SAFE FACE OF SOUTH FLORIDA LLC
(Firm/Company)

347 N. NEW RIVER DRIVE EAST APT. 3009
(Address)

FORT LAUDERDALE, FLORIDA 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN LUNDH DEL BENE at 954, 684-8397
(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

SAFE FACE OF SOUTH FLORIDA LLC

2. The Articles of Organization were filed on MAY 11, 2017 and assigned

document number L17000105098

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).

BUSINESS HAS RUN ITS COURSE

NO SALES DURING COVID YEARS OR AFTERWARDS

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

VIVIAN LUNDH DEL BENE

347 N. NEW RIVER DRIVE EAST

APT. 3009

FORT LAUDERDALE, FLORIDA 33301

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:

Vivian Lundh Del Bene
Signature

VIVIAN LUNDH DEL BENE
Printed Name

FILING FEE: \$25.00