

47000208229

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(Business Entity Name)

(Document Number)

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J. HORNE  
NOV 18 2024

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10/29/24--01025--023 ♦♦25.00

FILED  
2024 OCT 29 PM 5:18  
CLERK OF COURT  
JANET L. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Astrid Soderlund 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:

Astrid Soderlund

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

Astrid Soderlund LLC

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

2665 SW 37th Avenue Apt 1003

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

Miami FL 33133

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

For further information concerning this matter, please call:

Astrid Soderlund

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

415

696 9714

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**

FILED  
2024 OCT 29 PM 5:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Astrid Soderlund LLC

2. The Articles of Organization were filed on 10.09.2017 and assigned

document number 1.17000208229

3. The delayed effective date the dissolution if not effective on the date of filing: 10.26.2024  
(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).

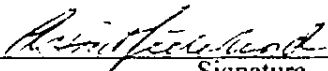
Not profitable

Not profitable

Not profitable

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

Astrid Soderlund

Printed Name

**FILING FEE: \$25.00**