

L17 000 227 495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

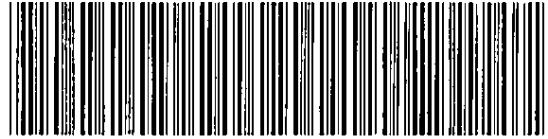
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500410945465

06/22/23--01012--005 \*\*\$5.00

FILED

2023 JUN 22 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FL

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IOThrifty LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Coschiagano

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

IOThrifty LLC

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

7 Appletree Road

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

Bethel, CT 06801

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

For further information concerning this matter, please call:

John Coschigano

203

512-4217

at ( )

\_\_\_\_\_  
(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  
IOThrifty LLC
2. The Articles of Organization were filed on 11/02/2017 and assigned  
document number L17000227495
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).  
John Coschigano, Member, has purchased Michael Falkenstein, Member's interest in the LLC pursuant to  
a written agreement. Part of the agreement is that the Florida LLC will be dissolved.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: John Coschigano, 7 Appletree Road, Bethel, CT 06801
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

John Coschigano

Printed Name

**FILING FEE: \$25.00**

**2023 JUN 22 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FL**

**FILED**