118000022237

(Requestor's Name)					
(Address)					
(Address)					
(Cil	ty/State/Zip/Phone #	9)			
PICK-UP	WAIT	MAIL			
(Bu	ısiness Entity Name)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
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18 FEB 23 AN ID- 06

SECRETARY OF STATE
FALL AHASSEE ET OPIDA

K. SALY FEB 26 2018

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

DISSOLUTION

(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:

Jeffrey Beauchamp					
(Name of Person)					
Beauchamp & Edwards, CPA's					
(Firm/Company)					
105 E Park Ave					
(Address)					
Chiefland, FL 32626					

(City/State and Zip Code)

Jeffrey Beauchamp

For further information concerning this matter, please call:

(Name of Person)

352 \ 493-4808

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

18 FEB 23 AN IO 06

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

1.	The name of a limited liability of	ompany is		SECOR-
	Flawless Innovation, LLC			SECRETARY OF ST.
2.	The Articles of Organization we	re filed on January 24, 20	18 a	nd assigned
	document number 118000022237			
3.	The delayed effective date the d (effective date Note: If the date inserted in this b listed as the document's effective of	cannot be prior to or more than lock does not meet the appli	n 90 days later than date doc icable statutory filing requ	ument is received for filing) airements, this date will not be
4.	A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited live 605.0707 on back cover	ability company's disson letter).	olution pursuant to section
	The 2 members of the LLC decided	to cease operations as an L	LC and dissolve the organ	nization
5.	If there are no members, enter the activities and affairs:	ne name and address of th	ne person appointed to	wind up the company's
	activities and arrairs:		-	
	_			
	_			
6. lis	Signature of an authorized personated above to wind up the compare	on or if there are no memly's activities and affairs:	bers, the signature of th	e person appointed and
_	4	 Jes	sse Seager	
-	Signature		Printed N	ame

FILING FEE: \$25.00