

L18000013807

(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



700423175977

FILED
2024 JUN -3 AM 11:23
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUN -3 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 06/03/2024

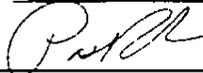
Name: Patrice Rush

Reference #: 2384978

Entity Name: EDMUNDSSON LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other PLEASE PROVIDE CERTIFICATE OF DISSOLUTION & CERTIFIED COPY

Authorized Amount: \$55.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edmundsson 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:

Guy A. Reiss

(Name of Person)

Reiss & Colleagues P.C.

(Firm Company)

420 Lexington Avenue, Suite 2818

(Address)

New York, NY 10170

(City, State and Zip Code)

For further information concerning this matter, please call.

Guy A. Reiss

(Name of Person)

646

731 2770

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 JUN -3 AM 11: 23

TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Edmundsson LLC

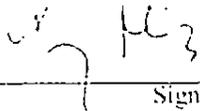
2. The Articles of Organization were filed on March 23, 2018 and assigned
document number L18000073807

3. The delayed effective date the dissolution if not effective on the date of filing: June 30, 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).
The Dissolution of the Company was authorized and directed in writing by the sole Member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: not applicable

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

Guy A. Reiss

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Edmundsson LLC

Document number of Limited Liability Company is: 118000073807

Date of dissolution was: June 30, 2024

Description of information that must be included in a written claim:

1. Full legal name, address, and if a legal entity, the type of entity and the state of formation or incorporation.
2. Detailed description of the claim, including any supporting documents, a detailed description of all relevant facts and a description of the legal basis for each claim;
3. The amount of the claim;
4. Each claim must be in writing and signed by each claimant. Each claimant must certify the accuracy of all facts stated in the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Reiss + Colleagues P.C.

420 Lexington Avenue, Suite 2818

New York, NY 10170

Attention: Guy A. Reiss, Esq.

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Guy A. Reiss

Printed Name of the Person Filing

Signature of the Person Filing

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2024 JUN -3 AM 11:23
TALLAHASSEE, FLORIDA

Guy A. Reiss