

L18000104685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

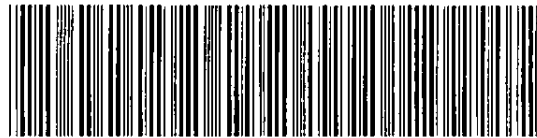
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300413013983

08/04/23--01015--009 ++25.00

FILED

2023 SEP 19 PM 3:38

CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2023

SEAN BORN
2406 WYNATE COURT
MOUNT DORA, FL 32757

SUBJECT: IKIGAI PROFESSIONAL SERVICES LLC
Ref. Number: L18000104685

We have received your document for IKIGAI PROFESSIONAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC on the Statment of Termination does not match the document number listed (see printout).

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00019480

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IKIGAI PROFESSIONAL SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN BORN

Name of Person

IKIGAI PROFESSIONAL SERVICES LLC

Firm/Company

2406 WYNGATE COURT

Address

MOUNT DORA, FL 32757

City/State and Zip Code

KASEY.BORN33@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN BORN

Name of Person

at (352) 223-7221

Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: IKIGAI PROFESSIONAL SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L18000104685

THIRD: The date of filing of the initial articles of organization is: 04/25/2018

FOURTH: The date of filing of the dissolution is: 07/31/2023

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

THE WINDING UP OF ACTIVITIES IS COMPLETE.



Signature of Authorized Representative

SEAN BORN

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2023 SEP 19 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA