

# L18000/11891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

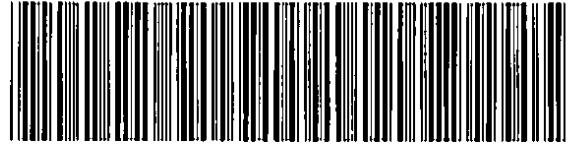
(Document Number)

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2022 JAN -3 AM 7:01

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1/3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fixed 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:

Heather Himes  
(Name of Person)

(Firm/Company)

921 Van Dr.  
(Address)

Auburndale, FL 33823  
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Himes at ( 352 ) 250-3440  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

*Fraudulently reinstated  
w/o my permission*

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2000 JAN -3 AM 7:01

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Fixed LLC

2. The Articles of Organization were filed on May 3, 2018 and assigned

document number LIB 000111891

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).

Fraudulently reinstated without my consent

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:

H Himes

Signature

Heather Himes

Printed Name

**FILING FEE: \$25.00**