

L 18 000 1125 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

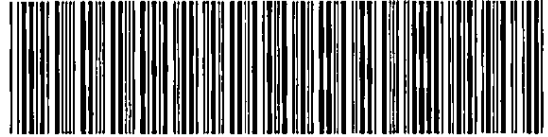
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN 29 2024

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01/03/24--01037--023 **25.00

FILED
24 JAN -3 AM 11:45
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pyramid Dreams 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:

Chandra Wolfe

(Name of Person)

Pyramid Dreams LLC

(Firm/Company)

3600 Mystic Pointe Dr 1210

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Chandra Wolfe

(Name of Person)

619 2618271
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
24 JAN -3 4 11:46
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Pyramid Dreams LLC

2. The Articles of Organization were filed on 05/04/2018 and assigned

document number L18000112578

3. The delayed effective date the dissolution if not effective on the date of filing: 01/01/2024
(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).

LLC is no longer generating income since pandemic. Money put into business with no return.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Chandra Wolfe

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:

Chandra Wolfe
Signature

Chandra Wolfe

Printed Name

FILING FEE: \$25.00