## L18000 113228

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
tified Copies Certificates of Status			
pecial Instructions to Filing Officer:			
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Office Use Only			



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Edusafe Innovations LLC	•		
(Name of Limited Liability Company)				
The enclosed	d Articles of Dissolution and fee(s) are submi	itted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	Stephanie Edwards			
	(Na	me of Person)		
	Edusafe Innovations LLC			
(Firm/Company)				
	110 John Angerson Dr			
			20 NOV	
	(Address)		<b>8</b>	
	Ormond Beach, FL 32176		-9 6-18	
	(City/St	ate and Zip Code)		
			至至	
For further in	formation concerning this matter, please call	l:	WHO: 42	
Stephanie Edwards		3862909889 at ( )	(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a c	heck 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)		
	ling Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2020

STEPHANIE EDWARDS EDUSAFE INNOVATIONS LLC 110 JOHN ANDERSON DR ORMOND BEACH, FL 32176

SUBJECT: EDUSAFE INNOVATIONS LLC

Ref. Number: L18000113228

We have received your document for EDUSAFE INNOVATIONS 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 document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 120A00019564

\* Place let me know if any more is needed in addition to the following signed document. 386-293-9889

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited Edusafe Innovations LL.	• • •		
2. The Articles of Organi	ation were filed on May 4, 2018 and assigned		
document number 1.18	00113228		
The delayed effective date the dissolution if not effective on the date of filing: 7/22/20  (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 occur 605.0707, Florida Statu	ence that resulted in the limited liability company's dissolution pursuant to section es, (copy 605.0707 on back cover letter).		
Decided as of April 2020 to no longer pursue this business.			
Decided as of April 2020	o no longer pursue this business.		
Decided as of April 2020	ono longer pursue this business.		
	enter the name and address of the person appointed to wind up the company's		
5. If there are no member activities and affairs:	, enter the name and address of the person appointed to wind up the company's Stephanie Edwards		
	110 John Anderson Dr		
	Ormond Beach, F1. 32176		
6. Signature of an authoriabove to wind up the com	red person or if there are no members, the signature of the person appointed and listed any's activities and affairs:		
Muller Zelle Signatu	Stephanie Edwards Printed Name		
Signatu	c rimed name		

**FILING FEE: \$25.00**