

L19 0000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

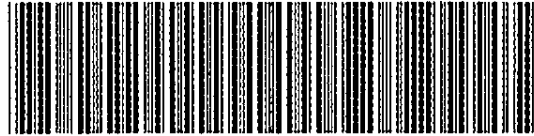
(Business Entity Name)

(Document Number)

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2020 DEC 14 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thomas's Exquisite Flowers, L.L.C. a Florid limited liability company  
\_\_\_\_\_  
(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:

Thomas Sharpe

\_\_\_\_\_  
(Name of Person)

Thoomas's Exquisite Flowers, L.L.C, a Florida limited liability company

\_\_\_\_\_  
(Firm/Company)

17205 Harbour Vista Circle

\_\_\_\_\_  
(Address)

Saint Augustine, Florida 32080

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Sharpe

305 766-7765  
at ( )

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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**

1. The name of a limited liability company is

2020 DEC 14 AM 7:08

Thomas's Exquisite Flowers, LLC, a Florida limited liability company

SECRETARY OF STATE

TALLAHASSEE, FL

2. The Articles of Organization were filed on December 27, 2018

and assigned

document number L19000001272

3. The delayed effective date the dissolution if not effective on the date of filing: 11/23/2020

(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).

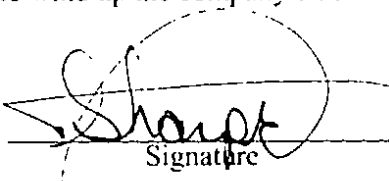
Lack of Business due to the Covid-19 Pandemic

Lack of Business due to the Covid-19 Pandemic

Lack of Business due to the Covid-19 Pandemic

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

Signature of an authorized person or if there are no members, the signature of the person appointed and listed to wind up the company's activities and affairs:

  
Signature

Thomas Sharpe

Printed Name

**FILING FEE: \$25.00**