

L19000093804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

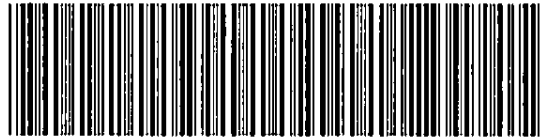
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 22 2024

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04/30/24--01003--005 **25.00

FILED
2024 APR 30 AM 9:46
J. HORNE
MAY 22 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tinnitus Relief 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:

David Jassir

(Name of Person)

Tinnitus Relief LLC

(Firm/Company)

8285 South Lake Forest Dr

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

David Jassir

(Name of Person)

305

609-5317

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

2024 APR 30 AM 9:47

STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

1. The name of a limited liability company is

Tinnitus Relief LLC

2. The Articles of Organization were filed on April 8, 2024 and assigned

document number L19000093804

3. The delayed effective date the dissolution if not effective on the date of filing: 4/12/2024
(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).

Termination of business

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

David Jassir

8285 South Lake Forest Dr

Davie, FL 33328

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:

Signature

David Jassir

Printed Name

FILING FEE: \$25.00