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(Address)

(Address)

(City/State/Zip/Phone #)

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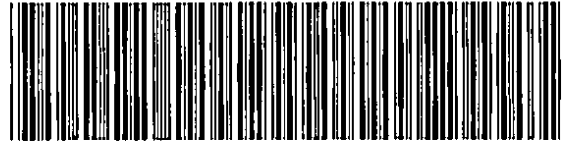
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clavesse, 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:

Raymond Dudzinski

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

Clavesse, LLC

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

28 West 69th Street Apt 1A

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

New York, NY 10023

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

For further information concerning this matter, please call:

Raymond Dudzinski

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

at 917 592 9091

(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

2023.10.30 PM 6:12

Clavesse, LLC

2. The Articles of Organization were filed on 4/16/2019 and assigned

document number L19000106096

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).

The consent of all the members

The consent of all the members

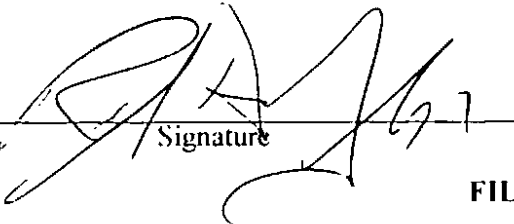
The consent of all the members

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

28 West 69th Street Apt 1A

New York, NY 10023

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

Raymond Dudzinski

Printed Name

**FILING FEE: \$25.00**