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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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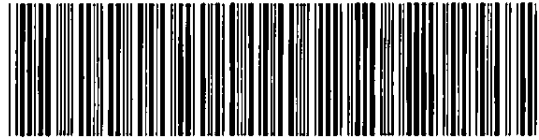
(Business Entity Name)

(Document Number)

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2024 MAR 18 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shopperface 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:

Marilyn Schmitt

(Name of Person)

Shopperface LLC

(Firm/Company)

4102 North Circle Drive

(Address)

Hollywood FL 33021

(City/State and Zip Code)

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2024 MAR 18 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Marilyn Schmitt

954

937-0773

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

Shopperface LLC

2. The Articles of Organization were filed on 9/25/2019 and assigned

document number L19000242839

3. The delayed effective date the dissolution if not effective on the date of filing: 3/29/2024

(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).

This company was established to operate an online store. After setup, several obstacles were encountered with

suppliers and payment processors. After much diligence in resolution efforts, it was determined that it was no

longer feasible to operate this store. The decision was made to dissolve this 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:

Marilyn Schmitt

4102 North Circle Drive

Hollywood FL 33021

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:

Marilyn Schmitt
Signature

Marilyn Schmitt
Printed Name

FILING FEE: \$25.00