

L19000270099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

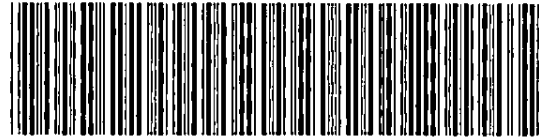
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200389251502

RECEIVED  
2022 JUN -9 AM 11:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
2022 JUN -9 AM 9:07  
TALLAHASSEE, FL

6/10/2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 06/09/2022  
Acc#I20160000072

en: c SW

Name:	CORRECTIVEINK LLC
Document #:	
Order #:	14374461

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022 JUN -9 AM 9:07

1. The name of a limited liability company is  
CORRECTIVEINK LLC

SECRET  
TALLAHASSEE, FL

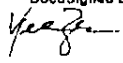
2. The Articles of Organization were filed on 10/29/2019 and assigned  
document number 119000270099

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).  
Dissolution was approved and authorized by all of the limited liability company's 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:

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:

DocuSigned by:  
  
000237B3D7324CA

Signature

Vjera Zec, Authorized Member

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CORRECTIVEINK LLC

Document number of Limited Liability Company is: L19000270099

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

1. Full name and address of claimant.

2. Brief statement of the claim, including the date the claim arose and the amount of the claim, accompanied by a copy of all relevant documentation such as purchase orders or contracts and invoices.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

701 S. Olive Avenue

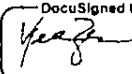
Apartment 302

West Palm Beach, FL 33401

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Vjera Zec, Authorized Member

Printed Name of the Person Filing

DocuSigned by:  


0002378307324CA

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**