120000010709

(Re	equestor's Name)		
(Address)			
(Address)			
·	,		
	hu/Stata/Zin/Dhane	- 	
(City/State/Zip/Phone #)			
	☐ WAIT	MAIL	
	L *****		
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
J. HORNE			
NUV - 9 2021			
	MOA - 2	y ZUZI	
-		12100	
		10/25	

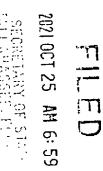
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

- 10 To 110

2021 OCT 25 PM 12: 49

October 11, 2021

NISSIM AMIR 500 ASIAN BLVD HALLANDALE BEACH, FL 33009 US

SUBJECT: LED PLUS LLC Ref. Number: L20000010709

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT DISSOLUTION, but your entity is a LLC DISSOLUTION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 921A00024725

Division of Compositions, D.O. POY 6207, Tallaharan, Electropes

COVER LETTER

TO: Registration Section

Division of Corporations	
SURJECT: Discolution of	IFD Plus LLC.
SUBJECT: Dissolution of	of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) ar	was submitted for filling
	•
Please return all correspondence concerning this i	matter to the following:
Nissim Amir	
	(Name of Person)
LED Plus LLC	
	(Firm/Company)
C - \ 0\ 1	
500 Ansin Blod.	(Address)
Hallandale Beach	FL 33 009 (City/State and Zip Code)
	(City/State and Zip Code)
For further information concerning this matter, pla	oppy cells
7 of farmer information concerning this matter, pu	case can:
Missim Amic	at 386 \ 547 1317
(Name of Person)	at (<u>386</u>) <u>547 – 317</u> (Area Code & Daytime Telephone Number)
No. 1 Company of the company of	
Enclosed is a check for the following amount:	
S25.00 Filing Fee and Certificate of Dissoluti	ion S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
, , , , ,	ecrimed copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR

FILED 9

	A LIMITED LIABILITY COMPANY	2021 UCT 25 AM 6: 5
1. The name of a limited lia		SECRETARY OF STATE
LED YOUS LL	C	·
	tion were filed on January 03, 2020	and assigned
document number <u>L2</u>	00000 10709	
Note: If the date inserted	te the dissolution if not effective on the date of filing; live date cannot be prior to or more than 90 days later than date do in this block does not meet the applicable statutory filing refective date on the Department of State's records.	oq/30/2021 ocument is received for filing) equirements, this date will not be
	ice that resulted in the limited liability company's diss s. (copy 605.0707 on back cover letter).	
- Financial H	ardship after CovID	
5. If there are no members,	enter the name and address of the person appointed to	• •
activities and affairs:	Missin Amic	
	9172 Southern Ochard &	oad Mortu
	Davie, FL 33328	
6. Signatura of an authoriza	d narrow or if there are no market the impact of the impac	
above to wind up the compa	d person or if there are no members, the signature of the ny's activities and affairs:	ne person appointed and listed
HAIL NIS	Printed N	Amir
Signature	Deinted B	Marma.

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: LED Plus LLC
Document number of Limited Liability Company is: <u>L2 00 000 10 70 9</u>
Date of dissolution was: 09 30 2021
Description of information that must be included in a written claim:
Name of Contact person Firm for, Company Addresss
Firm por, Company
Addinss
Proofs of Claims
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Hallandak Beach, FL 33009
Hallandare Believe, FL 33659
A claim against the above named limited liability company will be barred unless a proceeding to enforce th claim is commenced within 4 years after the filing of this notice.
Ω^{\cdot}
Missim Amil HALL NISSIM
Printed Name of the Person Filing Signature of the Person Filing

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