

120000048568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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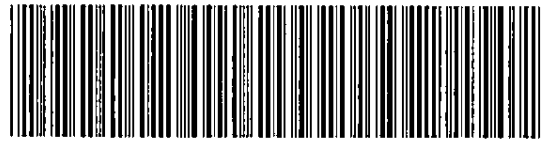
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
CORPORATIONS, FL

2024 NOV 22 PM 4: 09

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Window Treatments by Theresa^{LLC}, My Velvetreen
(Name of Limited Liability Company) Habit

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Lorenti - Salerno
(Name of Person)

(Firm/Company)

12426 Windmill Cove dr.
(Address)

River view FL 33569
(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Lorenti-Salerno (813) 388-0611
(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

60

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CLERK OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is:

Custom Window Treatments by Theresa LLC, My Velveteen
habit

2. The Articles of Organization were filed on 2/11/2020 and assigned

document number L20000048568

3. The delayed effective date the dissolution if not effective on the date of filing: 12/20/2024
(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).

I - Theresa Lorenti - Salerno am moving
out of state.

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

Theresa Lorenti - Salerno
12426 Windmill Cove dr.
Riverview FL 33569

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:

Theresa Lorenti - Salerno Theresa Lorenti - Salerno
Signature Printed Name

FILING FEE: \$25.00

FILED
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CLERK OF STATE
TALLAHASSEE, FL