

L200000164896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

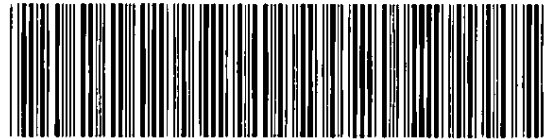
(Document Number)

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10/26/23 11:00:00 900000

23 OCT 27 11:30:08

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Acukneads 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:

Kristen Regione

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

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

6810 Tiburon Drive

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

Boca Raton Florida 33433

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

For further information concerning this matter, please call:

Kristen Regione

561

305-9878

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**

23 OCT 27 4:13:08

1. The name of a limited liability company is

Acukneads LLC

2. The Articles of Organization were filed on 6-15-2020 and assigned

document number L20000164896

3. The delayed effective date the dissolution if not effective on the date of filing: November 1, 2023  
(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 changed my company name to a better suited name to what my line of work entails

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

6810 Tiburon Drive

Boca Raton Florida 33433

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

Kristen Regione

Printed Name

**FILING FEE: \$25.00**