

# L20000203893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

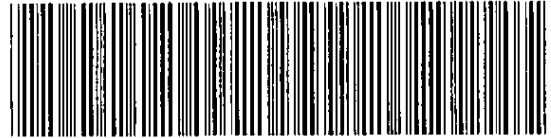
(Document Number)

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

Special Instructions to Filing Officer.

J. HORNE  
SEP 23 2024

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2024 SEP 20 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 SEP 20 AM 10:13  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 09/20/2024

Acc#120160000072

*mic DW*

Name:	Workstratus LLC
Document #:	
Order #:	15880377

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:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
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Amount: \$ **25.00**

Thank you!

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

FILED  
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1. The name of a limited liability company is

Workstratus, LLC

2. The Articles of Organization were filed on July 14, 2020 and assigned

document number 1.20000203893

3. The delayed effective date the dissolution if not effective on the date of filing: October 1, 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).

By written consent of the Member, the Company has elected to dissolve and wind up its affairs.

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:

Joseph Oliveri  
Joseph Oliveri (Sep 19, 2024 14:57 EDT)

Signature

Joseph Oliveri

Printed Name

**FILING FEE: \$25.00**