

L20000213028

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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FILED
2021 JUL -8 AM 8:48
SEC. OF STATE
TALLAHASSEE, FL

JUL 23 2021

C. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe Meetings Solutions
(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:

Allison Harris
(Name of Person)

N/A
(Firm/Company)

13688 Devan Lee Dr E
(Address)

Jacksonville, FL 32226
(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Harris at (407) 529-4700
(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**

FILED
2021 JUL -8 AM 8:48
TALLAHASSEE, FL

1. The name of a limited liability company is

Safe Meetings Solutions LLC

2. The Articles of Organization were filed on July 27, 2020 and assigned

document number L20000213028

3. The delayed effective date the dissolution if not effective on the date of filing: July 19, 2021
(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).

The owner's husband was involved in a motorcycle
accident Sept 4, 2020. She has had to devote all of
her time caring for him and working her full time job
as a bartender. Cannot devote extra time or resources
to Safe Meetings Solutions.

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

13688 Devan Lee Dr E

Jacksonville, FL 32226

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:

Allison Harris
Signature

Allison Harris
Printed Name

FILING FEE: \$25.00