

9/27/24, 10:24 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000221067

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX & FINANCIAL FIRM INC
Account Number : I20240000005
Phone : (214)554-0731
Fax Number : (813)336-2232

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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LLC DISSOLUTION OR WITHDRAWAL
PHIXSMART LLC

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M. SOLOMON

OCT - 1 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHIXSMART 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:

ABID NAEEM

(Name of Person)

TAX & FINANCIAL FIRM INC

(Firm/Company)

2613 KNIGHT ISLAND DR

(Address)

BRANDON, FL 33511

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

ABID NAEEM

(Name of Person)

214

554-0731

at ()

(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

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

1. The name of a limited liability company is
PHIXSMART LLC

2. The Articles of Organization were filed on 08/01/2020 and assigned
document number L20000221067

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

ALL THE MEMBERS AGREE TO DISSOLUTION OF THE LIMITED LIABILITY COMPANY

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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:

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TALLAHASSEE, FL

mykash

Signature

MYSARAH IA ABOUSHARBIEN

Printed Name

FILING FEE: \$25.00

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