

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L20000265740

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000131054 3)))



H220001310543ABCS

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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

**LLC DISSOLUTION OR WITHDRAWAL
EQVIVENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 APR 11 PM 3:26

2022 APR 11 AM 11:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 12 2022

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

1. The name of a limited liability company is
EQVIVENT, LLC

2. The Articles of Organization were filed on August 26, 2020 and assigned
document number L20000265740

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).
Consent of the Member.

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

4100 St. Johns ParkwaySanford, FL 32771

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
above to wind up the company's activities and affairs:



Signature

Daniel Ekstrom

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Eqvivent, LLC

Document number of Limited Liability Company is: L20000265740

Date of dissolution was: Upon filing

Description of information that must be included in a written claim:

Name and Address of Claimant:

Amount of Claim:

Basis of Claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4100 St. Johns Parkway

Sanford, FL 32771

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daniel Ekstrom

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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