

L20000365098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

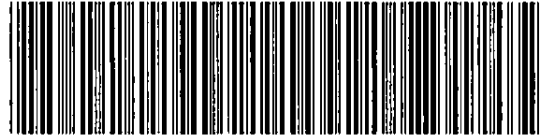
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2024 APR -2 PM 12:03  
SEC  
TALL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOTARY 411 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:

MARION SKELTON

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

NOTARY 411 LLC

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

4991 RIVERSIDE DRIVE

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

CORAL SPRINGS FL 33067

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

For further information concerning this matter, please call:

MARION ARCHER

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

954

629-8730

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

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

1. The name of a limited liability company is

NOTARY 411 LLC

2. The Articles of Organization were filed on MARCH 18TH, 2024 and assigned

document number 1.20000365098

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

COMPANY IS NOT LEGALLY TRADING

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

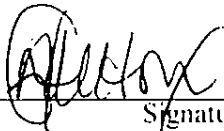
MARION ARCHER

PO BOX 283

Apex NC 27502

2024 APR 22 PM 12:03  
SEC. 605.0707  
FILED

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

MARION SKELTON

Printed Name

**FILING FEE: \$25.00**