

L20 000 396 390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

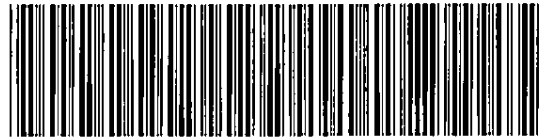
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decor Wishes
(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:

Diana Williams
(Name of Person)

Decor Wishes
(Firm/Company)

1950 N. Point Blvd #104
(Address)

Tallahassee, Fla 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Williams at (850) 212-2050
(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**

1. The name of a limited liability company is

Decor Wishes LLC

2. The Articles of Organization were filed on December 18, 2020 and assigned

document number L20000396390

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).

At this time I can't give Decor Wishes the
Attention Due to Financial Hardship.

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

Diana Williams

1950 N. Peimet Blvd #104

Tallahassee, FL 32308

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:

Diana Williams
Signature

Diana Williams
Printed Name

FILING FEE: \$25.00

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: Decor Wishes LLC

Document number of Limited Liability Company is: L 20000396390

Date of dissolution was: 1/10/2025

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

At this time I can't give Decor Wishes
the Attention Due to Financial Hardship

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

1950 N. Point Blvd # 104
Tallahassee, FL 32308

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.

Diana Williams
Printed Name of the Person Filing

Diana Williams
Signature of the Person Filing