

121 0000 45013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

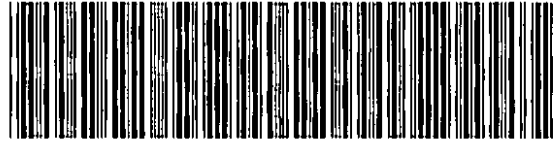
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/20/21--01:10--125 **25.00

FILED
2021 DEC 20 PM 4:38
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

Dissolution

DEC 23 2021

D CUMMINGS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Semplice by Maggie LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria D. Marrero-Feliciano
(Name of Person)
Semplice by Maggie LLC
(Firm/Company)
14162 Colonial Grand Blvd. Apt. 1409
(Address)
Orlando, FL 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria D. Marrero-Feliciano at (508) 818-2449
(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

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

1. The name of a limited liability company is

Semplice by Maggie LLC

2. The Articles of Organization were filed on ~~April 26, 2021~~ Jan 26, 2021 and assigned

document number L21000045013

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).

The business did not work.

The business did not work.

The business did not work.

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

activities and affairs:

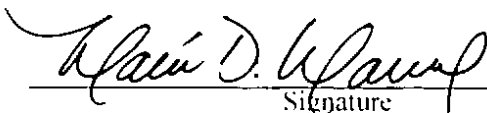
Maria D. Marrero-Feliciano

14162 Colonial Grand Blvd. Apt. 1409

Orlando, FL 32837

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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

Maria D. Marrero-Feliciano

Printed Name

FILING FEE: \$25.00