

L21000068417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ALLAHASSEE, FL 000

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED DISSOLUTION AND NOTICE OF DISSOLUTION FOR:

1. NARNIA LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 9183      FOR: \$55.00

THANK YOU!

**ARTICLES OF DISSOLUTION**  
**OF**  
**NARNIA LLC**

Pursuant to Section 605.0707, Florida Statutes, this Florida limited liability company submits the following articles of dissolution:

- FIRST: The name of the limited liability company as currently filed with the Florida Department of State is **NARNIA LLC**.
- SECOND: The Articles of Organization were filed on February 17, 2021 and assigned Document Number **L21000068417**.
- THIRD: The effective date of the dissolution shall be upon the filing of the Articles of Dissolution with the Secretary of State of the State of Florida.
- FOURTH: The Dissolution was approved by written consent of the members and the manager.
- FIFTH: **Andrea Tropeano** was appointed by the members to wind up the company's activities and affairs.

Signed this 5 day of February, 2022.

**NARNIA LLC,**  
**a Florida limited liability company**

By: \_\_\_\_\_

Andrea Tropeano  
Andrea Tropeano  
Manager

2022 FEB 22 PM 6:55

### **NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**


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 Section 605.0712, F.S.

The date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

- FIRST: The name of the dissolved limited liability company is:  
**NARNIA LLC**
- SECOND: Document Number of Limited Liability Company is:  
**L21000068417**
- THIRD: Date of dissolution was:
- FOURTH: The information to be provided in the claim shall include the date of the claim, the amount of the claim, and the name of the creditor.
- FIFTH: The mailing address where claims can be sent is as follows:

**Andrea Tropeano  
c/o 8950 SW 74<sup>th</sup> Ct.,  
Suite 1901  
Miami, FL 33156**

- SIXTY: A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

  
\_\_\_\_\_  
**Andrea Tropeano, Manager**

2022 FEB 22 AM 11:56