

L21 0000 84622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

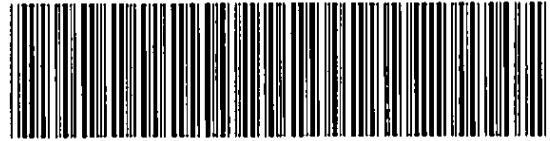
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/22/23 10:10:21 AM 100405180101

6/22/23  
VLM

FILED  
2023 JUN 16 AM 10:21  
SECRETARY OF STATE  
TOLSON ASSOCIATES

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inspect Protect 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:

Charles Moore  
(Name of Person)

Inspect Protect LLC.  
(Firm/Company)

246 Redwood RD  
(Address)

Venice, FL 34293  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Moore at (941) 221-1567  
(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

Inspect Protect LLC.

2. The Articles of Organization were filed on 2/19/2021 and assigned

document number L210000346212

3. The delayed effective date the dissolution if not effective on the date of filing: 4/12/2023  
(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.

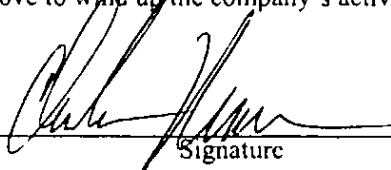
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Did Not move forward with Planned Business  
under This Name. No Activity of business  
was Done.

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

Charles Moore  
246 Redwood Rd  
Venice FL 33593

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

Charles Moore  
Printed Name

FILING FEE: \$25.00

2023 JUN 16 AM 10:21  
SECRET  
DEPARTMENT OF STATE

FILED

CHARLES C MOORE III  
JEAN R MOORE  
246 REDWOOD ROAD  
VENICE, FL 34293-1022

646

75-1045/919

6/12/2023  
Date

PAY to the  
Order of

Florida Department of State

\$ 25 00

*[Signature]*

00/100

Dollars



Security  
Features  
Outline on  
Back



STEARNS

BANK N.A. VENICE, FL 34285

We Get The Job Done 941-497-6660

For L21000084622 Dissolution

*[Signature]*

MP

0646

Sent Back on 6/22/23