Division of Corporations (((H<u>2400</u>03<u>36</u>J213)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & R TAX ADVISORS LLC

Account Number : I20200000057 Phone

: (786)857-6652

Fax Number : (786)204-3320

LLC DISSOLUTION OR WITHDRAWAL **BRANDFORMANCE LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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COVER LETTER

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| TO: Registra Division | ation Section n of Corporations | | | | |
|---|------------------------------------|---|---------------------------------|--|--|
| · | ANDFORMANCE LLC | | | | |
| SUBJECT:(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: | | | | | |
| Jannett Rodriguez | | | | | |
| (Name of Person) | | | | | |
| H&R Tax Advisors LLC | | | | | |
| (Firm/Company) | | | | | |
| 12741 SW 38th TER | | | | | |
| (Address) | | | | | |
| | Miami, FL 33175 | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Jannet | t A Rodriguez | 786 at (| 857-6252 | | |
| | (Name of Person) | (Area Co | ode & Daytime Telephone Number) | | |
| Enclosed is a chec | ck 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: | | Street Address | <u>s:</u> | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | BRANDFORMANCE LLC | | | | |
|----|--|--|--|--|--|
| | The Articles of Organization were filed on 02/25/2021 and assigned | | | | |
| | document number L21000087385 | | | | |
| • | 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. | | | | |
| | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). | | | | |
| | <u>· </u> | | | | |
| | <u>· </u> | | | | |
| | Business is no longer operational. | | | | |
| , | . If there are no members, enter the name and address of the person appointed to wind up the company's | | | | |
| | activities and affairs: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. | Signature of an authorized person or if there are no members, the signature of the person account that disted | | | | |
| al | bove to wind up the company's activities and affairs: | | | | |
| | ALBA ANDREINA AMESTY ALVAREZ | | | | |
| _ | Signature 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: BRANDFORMANCE | LLC |
|---|---|
| Document number of Limited Liability Company is: | MAR73R5 |
| Date of dissolution was: | |
| Date of dissolution was: | |
| Description of information that must be included in a writt | en claim: |
| Business is no longer operational. | |
| | |
| | |
| | |
| | |
| Mailing address where claims can be sent: (Claims cannot 12741 SW 38th TER | be sent to the Division of Corporations) |
| MIAMI, FL 33715 | |
| | |
| | ······································ |
| | |
| A claim against the above named limited liability company claim is commenced within 4 years after the filing of this r | will be barred unless a proceeding to enforce the notice. |
| | |
| ALBA ANDREINA AMESTY ALVAREZ | A |
| Printed Name of the Person Filing | Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00