

L 21000244942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

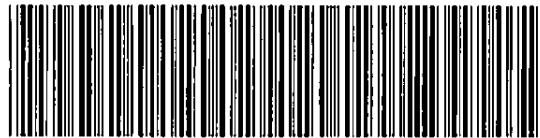
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SECRET  
TALLAHASSEE, FL 32301-0001

2024 MAR - 6 AM 8:52

FILED

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

1. The name of a limited liability company is

TRUSTED ASSISTANT LLC.

2. The Articles of Organization were filed on 5/25/2021 and assigned

document number L21000244942

3. The delayed effective date the dissolution is 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).

Planned RETIREMENT OF The Principle owner.

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

MICHAEL SAYLES

8977 Crooked Stick CT.

MAPLES, FL. 34113

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

MICHAEL SAYLES  
Printed Name

**FILING FEE: \$25.00**

FILED  
2021 MAR - 6 AM 8:52  
TALLAHASSEE, FL  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUSTED ASSISTANT 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:

Michael SAYLES  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8977 Crooked Stick CT.  
(Address)

Naples, FL 34113 (34113)  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael SAYLES at (508) 878-4213  
(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