121000379890

(Requestor's Name)				
(Address)				
(Address)				
(
(2)				
(City/State/Zip/Phone	‡)			
PICK-UP WAIT	MAIL			
(Business Entity Name	<u></u>			
(Document Number)				
(Bossment Walliber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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11/15/21--01029--022 **25.00

2021 NOV 15 AM 6: 13
SECRETARY OF STATE

O SIMMONS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Salt Financial Services, LLC			
SUBJECT.	(Name of Limi	ted Liability Company)		
T1 1 1				
i ne enciosed	Articles of Dissolution and fee(s) are submi	ded for ining.		
Please return	all correspondence concerning this matter to	the following:		
	Lauren Hutto			
	(Na	me of Person)		
		w/Coppany)		
	(Firm/Company)			
	335 Pineda Ct Suite 106			
	(Address)			
	Melbourne, FL 32940			
	(City/St	ate and Zip Code)		
For further in	nformation concerning this matter, please call	:		
Lau	ren Hutto	321 at (745-0387	
	(Name of Person)	(Area Code	& Daytime Telephone Number)	
Anclosed is a c	check for the following amount:			
■ \$25.00 Filing Fee and Certificate of Dissolution			:, Certificate of Dissolution & (additional copy is enclosed)	
	ling Address:	Street Address:		
Registration Section		Registration Se		
	rision of Corporations D. Box 6327	Division of Cor The Centre of T	•	
Tallahassee, FL 32314			e Street, Suite 810	
		Tallahassee, FL	•	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 2021 NOV 15 AM 6: 13

FILED

1.	The name of a limited liabil SALT Financial Services, LL	, ,	SECRETARY OF STATE TALL AHASSEE, FL
2.	The Articles of Organizatio	on were filed on $\frac{6-16-2021}{1}$	and assigned
	document number L210002	79880	-
3.	(enecuve	this block does not meet the	tive on the date of filing: 11-9-2021 than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not be of State's records.
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limite (copy 605,0707 on back c	d liability company's dissolution pursuant to section over letter).
The name doesn't meet the company requirements after talking to compliance.			
5.	If there are no members, en activities and affairs:	ter the name and address Lauren Hutto	of the person appointed to wind up the company's
activities and arraits.		3781 Brantley Cir	
		Rockledge, FL 32955	
6. ab	Signature of an authorized pove to wind up the company	person or if there are no no activities and affairs:	nembers, the signature of the person appointed and listed
	Att	_	
,	X HUID		Lauren Hutto
	Signature		Printed Name

FILING FEE: \$25.00