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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Push Full design by Allison LLC (Name of Limited Mability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Allison Sadowski (Name of Person)
3731 Patry Court (Address)
Bonita Springs, FL 34134 (City/State and Zip Gode)
For further information concerning this matter, please call:
Allison Sadowski at (239) 287-5329 (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
N/A per email from Kathleen Smith; This is a dissolution of a fraudulent LLC.
is a dissolution of a fraudulent LLC.

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is Push Full design by Allison LLC
2.	The Articles of Organization were filed on $\frac{06/22/21}{}$ and assigned
	document number <u>L 2 1 0 0 0 2 8 8 7 4 4</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 06/22/2 (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). This LLC has been fraudulently opened in
	my maiden name (Allison Tatman) without my
	consent. I'm completing this form per your
	request (requested by Kathleen Smith).
•	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	N/A ·
	Allisonsadowski
	3731 Patty Ct. Bonita Springs FL 34134
5. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Allison J. Sadowski Printed Name
	FILING FEE: \$25.00
	FILING FEE: \$25.00