

L 21000 2900 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

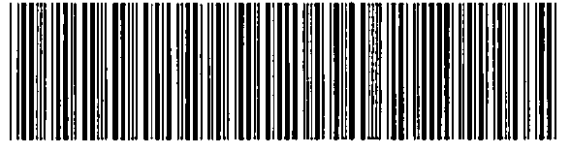
(Business Entity Name)

(Document Number)

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

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01/16/24--01011--017 \*\*25.00

FILED  
2024 JAN 16 PM 12:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUE FLORIDIAN COMPANY, 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:

Ryan Boylston

\_\_\_\_\_  
(Name of Person)

TRUE FLORIDIAN COMPANY, LLC

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

1250 Elizabeth Ave Suite 2

\_\_\_\_\_  
(Address)

West Palm Beach, FL 33401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Boylston

954

415-1895

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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

FILED

2024 JAN 16 PM 12: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
TRUE FLORIDIAN COMPANY, LLC

2. The Articles of Organization were filed on 06/22/2021 and assigned  
document number 21000290079

3. The delayed effective date the dissolution if not effective on the date of filing: 01-10-2024  
(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).  
We sold our IP as part of a settlement.

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

2 NW 24th Street

Delray Beach FL 33444

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

Ryan Boylston

Printed Name

FILING FEE: \$25.00