

L21000385577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

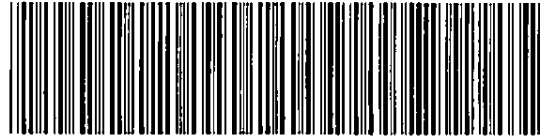
Special Instructions to Filing Officer:

Refund
\$10.00

DISS.

Rec.
12/19/24

Office Use Only



900439506189

11/15/24--01014--010 **35.00

FILED

2024 DEC 19 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2024

COLETTE OLSON
4278 BRACKENWOOD CT
SARASOTA, FL 34232 US

SUBJECT: TOP NOTCH DESIGNS LLC
Ref. Number: L21000385577

We have received your document for TOP NOTCH DESIGNS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 024A00026904

SECRETARY OF STATE
TALLAHASSEE, FL

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I already paid

12/19/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP NOTCH Designs
(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:

Colette Olson
(Name of Person)

TOP NOTCH Designs
(Firm/Company)

4278 Braekenwood Ct.
(Address)

Sarasota FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Colette Olson at (517) 282-2110
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FL

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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**

1. The name of a limited liability company is

TOP NOTCH Designs LLC

2. The Articles of Organization were filed on 07/19/21 and assigned

document number L21000385577

3. The delayed effective date the dissolution if not effective on the date of filing: 11/11/21
(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.

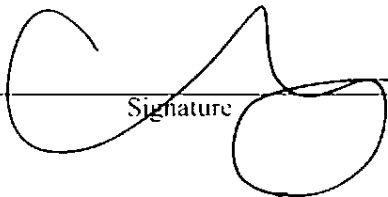
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

no longer in business

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

activities and affairs:

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

Colette Olson
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE FL

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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: TRP NOTCH Designs

Document number of Limited Liability Company is: L 21000385577

Date of dissolution was: 11/11/24

Description of information that must be included in a written claim:

Business no longer in business

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SECRETARY OF STATE
TALLAHASSEE, FL

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Collette Olson
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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