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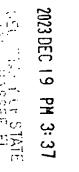
(AM)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	·





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12/19/23--01005--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Innovative Interi	or design
(Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Danielle 61	am man (o
4)	Name of Person)
(<u>I</u>	Firm/Company)
11560 Se 53rd Belleview, Fl	ct
0 11 :	(Address)
Belleview, Fl	<i>3442</i> 0
/ (City/	State and Zip Code)
For further information concerning this matter, please or	all:
Danielle Giammanco	at (35a) 840 - 3238 (Area Code & Daytime Telephone Number)
(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:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
I.O. DOR COLI	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Ι.	The name of a limited liability company is 1900 Native Interior design
2.	The Articles of Organization were filed on and assigned
	document number
3.	The delayed effective date the dissolution if 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). Never Sturfed a bysiness. I got the IIC. too early.
	Seems like paying every year on a business I havent
	Started is a waste of money.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Danielle Giammanco
	11560 Se 53rd Ct.
	Bellenew, Fl 34420
	TANGO P
6. 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:
d	nuelle Giammanco Signature Danielle Giammanco Printed Name
	Signature Filling Hallic

FILING FEE: \$25.00