# 

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |

Office Use Only



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| OCUMENT NUMBER_                       |                                     |   |  |
|---------------------------------------|-------------------------------------|---|--|
|                                       | **PLEASE FILE TH                    | E ATTACHED AND RETURN**                               |  |
| xxxxxxxxx                             | Plain Copy                          |   |  |
|                                       | Certified Copy                      |   |  |
|                                       | Certificate of Status               |   |  |
| *                                     | *PLEASE OBTAIN THE FO               | DLLOWING FOR THE ABOVE ENTITY**                       |  |
| · · · · · · · · · · · · · · · · · · · | Certified Copy of Arts & Amendments |   |  |
|                                       | Certified Copy of Arts c            | & Amendments Complete File (Including Annual Reports) |  |
| <u> </u>                              | Certificate of Status               |   |  |
|                                       | Certificate of Status Req           | flecting:   |  |
|                                       | **APOSTILLE' / N                    | NOTARIAL CERTIFICATION**                              |  |
| COUNTRY OF DESTINAT                   | TION                                |   |  |
| NUMBER OF CERTIFICA                   | TES REQUESTED                       | <u></u>   |  |
|                                       |                                     |   |  |

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2023 AM 12 AM 10: 03

| l.        | The name of a limited liability company is  | 3   |                         | ATT RE           |  |
|-----------|---|---|-------------------------|------------------|--|
|           | THE THC SHOP LLC  |   |                         | EN PAYOR         |  |
| 2.        | The Articles of Organization were filed on  | 1 03/02/2022  | and assigne             | (32년)<br>ed      |  |
|           | document number L22000087285  |   |                         |                  |  |
| 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 b listed as the document's effective date on the Department of State's records. |   |                         |                  |  |
| 4.        | A description of occurrence that resulted i 605.0707, Florida Statutes, (copy 605.0707  | n the limited liability con<br>on back cover letter). | npany's dissolution pur | suant to section |  |
|           | The IIc is not longer needed and is terminating   | its existence   |                         |                  |  |
|           |   |   |                         |                  |  |
|           |   |   |                         | <del></del>      |  |
|           |   | <del>-</del> <del></del>                              | <del></del>             |                  |  |
|           |   |   |                         |                  |  |
| 5.        | If there are no members, enter the name an  | nd address of the person a                            | ppointed to wind up the | e company's      |  |
|           | activities and affairs:   |   |                         | · ·              |  |
|           |   |   |                         |                  |  |
|           |   |   |                         |                  |  |
|           |   |   |                         |                  |  |
| 6.<br>lis | Signature of an authorized person or if the sted above to wind up the company's activit   | re are no members, the si                             | gnature of the person a | ppointed and     |  |
| V         | 1.7/0   |   |                         |                  |  |
| 1         | Signature   | Karen Melchio   | onda, AMBR Printed Name |                  |  |
| aignaunc  |   |   |                         |                  |  |

**FILING FEE: \$25.00** 

### 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: THE THC  | SHOP LLC   |
|---|--|
| Document number of Limited Liability Company is:  | _22000087285   |
| Date of dissolution was:  |  |
| Description of information that must be included in a   |  |
| The llc is not longer needed an   | d is terminating its existence                                       |
|   |  |
|   | 2  |
|   |  |
|   | 1023 A R 12  |
|   | A CF A   |
| Mailing address where claims can be sent: (Claims ca  | nnot be sent to the Division of Corporations FL                      |
| 136 1st Street  | '  |
| Nanuet, NY 10954  |  |
|   |  |
|   |  |
|   |  |
| A claim against the above named limited liability com-<br>claim is commenced within 4 years after the filing of | ipany will be barred unless a proceeding to enforce the this notice. |
|   |  |
| Karen Melchionda  | Ha NI  |
| Printed Name of the Person Filing   | Signature of the Person Filing                                       |

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