L22 000 133 838

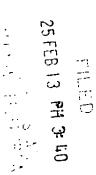
(0-		
(Ke	equestor's Name)	
(Ad	ldress)	<u>-</u> .
(Ad	Idress)	
(Cit	ty/State/Zip/Phone #)	
·		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(2-		
(00	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	_	





100444396681

02/13/25--01020--023 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Symmetry Aesthe (Name of Lin	FICS LLC nited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Dawn R. Tu	ame of Person)	
(F	irm/Company)	
6860 Forkme	ad Lane	
Port Orange	(Address) FL 32128 tate and Zip Code)	
For further information concerning this matter, please ca		
Dawn Tucker (Name of Person)	at (772) 267-6268 (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	Street Address:	
Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is
Symmetry	Solutions LLC
2. The Articles of Organization	on were filed on $03-17-2022$ and assigned
document number <u>L2</u>	2000133838
Note: If the date inserted in	the dissolution if not effective on the date of filing: 02-07-2025 e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.
Taring of the contract of the	rethat resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter). requested due to business inadivity
This busin	ess never launched.
5. If there are no members, en	ter the name and address of the person appointed to wind up the companys
activities and affairs:	Dawn Tucker
	16860 Forkmead Lane
	Port Orange FL 32128
Signature of an authorized p above to wind up the company'	erson or if there are no members, the signature of the person appointed and listed s activities and affairs:
Jan Tucker	Dauntucker
Signature	Printed Name

FILING FEE: \$25.00