

L220000150755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

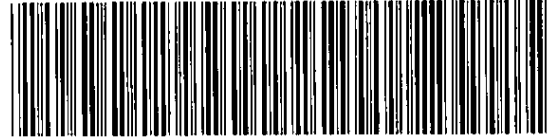
(Business Entity Name)

(Document Number)

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

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Office Use Only



900417447089

10/20/23--01034--001 \*\*25.00

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Guinn Trimming 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:

Travis Guinn  
(Name of Person)

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

13220 N Leavenworth loop  
(Address)

Hayden, ID 83835  
(City/State and Zip Code)

For further information concerning this matter, please call:

Travis Guinn at ( 386 ) 288-4184  
(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**

1. The name of a limited liability company is

Guinn Trimming LLC

2. The Articles of Organization were filed on 03/28/2022 and assigned

document number L22000950755

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).

The company is no longer in operation in the  
State of Florida.

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

Travis Guinn 13320 N Leavenworth loop  
Hayden, ID 83835

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:

Travis Guinn  
Signature

Travis Guinn  
Printed Name

**FILING FEE: \$25.00**

D. BRUCE

FLORIDA DEPARTMENT OF STATE

No. 07397

Date: .....

RECEIVED FROM: Travis Guinn

the sum of Twenty-Five — Dollars \$ 25.00

For the following: Filing Fee

900417447089  
10/30/23--01034--001 \*\*25.00

*MB*

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.