

L220000165349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

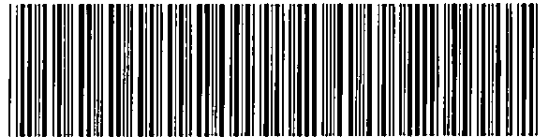
(Document Number)

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

Special Instructions to Filing Officer:

units

Office Use Only



900440981369

12/17/24--01022--019 \*\*55.00

2024 DEC 17 AM 6:40

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRUVN 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:

Regiane Dayse Scoz Cidral

\_\_\_\_\_  
(Name of Person)

PRUVN LLC

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

7637 Ripplepointe Way

\_\_\_\_\_  
(Address)

Windermere, FL 34786

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Regiane Dayse Scoz Cidral

\_\_\_\_\_  
(Name of Person)

561

405-5058

at (\_\_\_\_\_) \_\_\_\_\_

(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

PROVN LLC

2. The Articles of Organization were filed on April 06, 2022 and assigned

document number 1.22000165349

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)

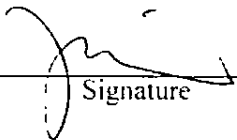
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 members of the LLC have mutually agreed to dissolve the company pursuant to Section 605.0707 of the Florida Statutes. This decision was reached amicably due to the partners choosing to pursue separate business ventures. All necessary actions and votes required for the dissolution were duly taken, and the company has ceased its operations in accordance with applicable laws and agreements.

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

Regiane Dayse Scoz Cidral

Printed Name

**FILING FEE: \$25.00**