

L22 000 255 / 44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

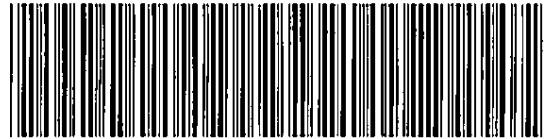
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200422177762

02/06/24--01025--025 \*\*25.00

2024 FEB -6 PM 11:40  
STATE OF ALABAMA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Soultana Shop 2 LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adnane Soultana  
(Name of Person)

Soultana Shop 2 LLC  
(Firm/Company)

933 S US 17-92  
(Address)

Longood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adnane Soultana  
(Name of Person)

at ( 407 ) 338-0427  
(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

2024 FEB -6 PM 11:40  
RECEIVED  
FEB 6 2024  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

1. The name of a limited liability company is

Soultana Shop 2 LLC

2. The Articles of Organization were filed on May 19, 2022 and assigned

document number L22000255144

3. The delayed effective date the dissolution if not effective on the date of filing: 08/31/2023

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).

Per Operating Agreement rules for dissolution, a call for the LLC members to vote

to dissolve was made, and a majority decision agreed to dissolve.

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

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:

Adnane Soultana  
Signature

Adnane Soultana  
Printed Name

## 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: Soultana Shop 2 LLC

Document number of Limited Liability Company is: L22000255144

Date of dissolution was: 08/31/2023

Description of information that must be included in a written claim:

Closed business.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

903 Lake Lily Dr. Apt. B214

Maitland, FL 32751

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Adnane Soultana  
Printed Name of the Person Filing

Adnane Soultana  
Signature of the Person Filing