

L22000266092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

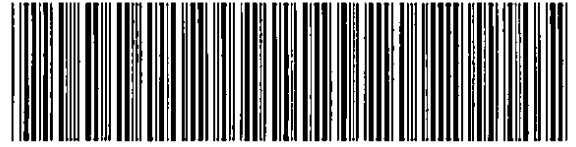
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

FEB - 2 2024

Office Use Only



500421744875

01/17/24--01020--011 \*425.17

FILED  
2024 JUN 17 PM 1:33  
SOUTHERN DISTRICT  
OF NEW YORK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUIDQUID 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:

MARY CANNIZZARO

(Name of Person)

QUIDQUID LLC

(Firm/Company)

143 HERITAGE OAKS DRIVE

(Address)

SAINT JOHNS, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY CANNIZZARO

661

972-8959

at ( )

(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**

FILED  
2024 JUN 17 PM 1:33  
SECRETARY OF STATE  
FLORIDA

1. The name of a limited liability company is  
QUIDQUID LLC

2. The Articles of Organization were filed on JUNE 10, 2022 and assigned  
document number L22000266092

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).  
MEMEBERS MET ON DECEMBER 12, 2023, AND UNANIMOUSLY DECIDED TO DISSOLVE THE  
COMPANY AND BUSINESS. ALL QUIDQUID LLC BUSINESS ACCOUNTS WERE CLOSED BY  
DECEMBER 29, 2023.

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:

Mary Cannizzaro  
Signature

MARY CANNIZZARO

Printed Name

**FILING FEE: \$25.00**