

L22 000306906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

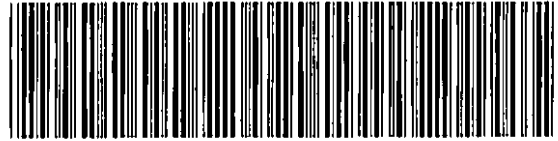
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100407315481

04/24/23--01020--006 \*\*25.00

FILED

2023 APR 21 AM 11:00

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Narrative Shifter 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:

Trish Persen

(Name of Person)

The Narrative Shifter LLC

(Firm/Company)

4077 Meander Pl Unit 104

(Address)

Rockledge, FL 32955

(City/State and Zip Code)

2023 APR 24 AM 11:00

FILED

For further information concerning this matter, please call:

Trish Persen

321

848.3610

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**

1. The name of a limited liability company is

The Narrative Shifter LLC

2. The Articles of Organization were filed on 7/22/2022 and assigned

document number 1.22000306906

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).

No activity

No Income

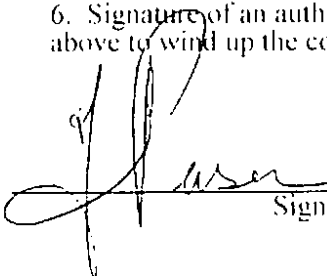
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Trish Persen

4077 Meander Pl

Unit 104

Rockledge, FL 32955

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

Trish Persen

Printed Name

**FILING FEE: \$25.00**

2023 APR 24 AM 11:08  
FILED