

L22000313101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

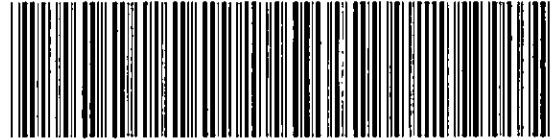
(Document Number)

Noted Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN -6 AM 8:58

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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DISSOLUTION

1. **THE CURIOUS SELF, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. File First
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CURIOUS SELF, 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:

Registered Agent Solutions, Inc.

(Name of Person)

THE CURIOUS SELF, LLC

(Firm/Company)

Corporate Center 5301 Southwest Parkway, Suite 400

(Address)

Austin, TX 78735

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ 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

2023 JAN -6 AM 8: 58

**SECRETARY OF STATE
TALLAHASSEE, FL**

1. The name of a limited liability company is
THE CURIOUS SELF, LLC

2. The Articles of Organization were filed on 07/14/2022 and assigned
document number L22000313101

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).

I decided to change the name of my existing LLC instead of setting up a new LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sompa Adhya-Taylor, LCSW 3823 Tamiami Trl E Unit #135 Naples, FL 34112
- _____
- _____
- _____

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:

Sompa Adhya-Taylor

Signature

Sompa Adhya-Taylor

Printed Name

FILING FEE: \$25.00