## L22 000 330 612

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PICK-UP WAIT MAIL				
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5/23/25 V-LN



FILED

## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
SUBJECT:	SmartAssBlingLLC				
BOBOLCI.	(Name of Limited Liability Company)				
The enclosed	d Articles of Dissolution and fee(s) are submitt	ed for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Gerald J LeClair				
	(Name of Person)				
	SmartAssBlingLLC				
	(Firm/Company)				
	791 Conestee Dr.				
	(Address)				
	West Melbourne, Florida, 32904				
	(City/State and Zip Code)				
For further in	nformation concerning this matter, please call:				
Ger	rald J. LeClair	321 at (	655-8720		
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a	check for the following amount:		•		
■ \$25.00 Filing Fee and Certificate of Dissolution		<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		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 lia SmartAssBlingLLC	bility company is	
2. The Articles of Organizat	tion were filed on 07/26/2022	and assigned
document number L2200	0330612	
Note: If the date inserted in	e the dissolution if not effective on the date of filitive date cannot be prior to or more than 90 days later than do in this block does not meet the applicable statutory filitiective date on the Department of State's records.	ate document is received for filing)
4. A description of occurren 605.0707, Florida Statutes	ace that resulted in the limited liability company's s, (copy 605.0707 on back cover letter).	s dissolution pursuant to section
The owner misunderstood th	ne business model of the website that was to host Smar	rtAssBlingLLC.
5. If there are no members,	enter the name and address of the person appoints	
activities and affairs:		<b>2023</b>
	791 Conestee Dr.	APR
	West Melbourne, Florida, 32904	景 6
		AH 9
6. Signature of an authorized above to wind up the compart	d person or if there are no members, the signature ny's activities and affairs:	of the person appointed and liste
Gerald / Lice	Gerald J. LeClair	
Signature	Prin	ited Name
	FILING FEE: \$25.00	