

L22000380872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

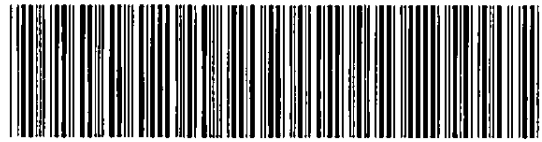
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
HALL COUNTY, FL

RECEIVED

09/06/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAPANA SONA, 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:

NADYA LYNN KAMLA TILLUCKDHARRY

\_\_\_\_\_  
(Name of Person)

SAPANA SONA LLC

\_\_\_\_\_  
(Firm/Company)

14752 SCOTT KEY DRIVE

\_\_\_\_\_  
(Address)

WINTER GARDEN, FL. 34787

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

NADYA TILLUCKDHARRY

\_\_\_\_\_  
(Name of Person)

813

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

293-2417

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  
SAPANA SONA, LLC

2. The Articles of Organization were filed on AUGUST 30, 2022 and assigned  
document number 1.2200380872

3. The delayed effective date the dissolution if not effective on the date of filing: 08/29/2024  
(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 AM NO LONGER FUNCTIONING EXCLUSIVELY AS A SLEEP CONSULTANT  
AND DO NOT WANT TO MAINTAIN A BUSINESS ASSOCIATION  
WITH THE PROFESSION.

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

14752 SCOTT KEY DRIVE

WINTER GARDEN, FLORIDA, 34787

FILED  
AUG 30 2022  
TALLAHASSEE, FL  
59

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:

Nadya Tilluckdharry  
Signature

NADYA TILLUCKDHARRY

Printed Name

**FILING FEE: \$25.00**

## 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: SAPANA SONA, LLC

Document number of Limited Liability Company is: 1.22000380872

Date of dissolution was: 08/29/2024

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

I AM NO LONGER FUNCTIONING EXCLUSIVELY AS A SLEEP CONSULTANT AND DO NOT HAVE ANY

INTENT TO MAINTAIN A BUSINESS ASSOCIATED WITH THIS PROFESSION.

I DID NOT RENEW MY PRACTICING CERTIFICATE IN THE FIELD.

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

14752 SCOTT KEY DRIVE, WINTER GARDEN, FL. 34787

FILED  
2024 SEP 5 PM 1:59  
TALLAHASSEE, FL

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.

NADYA TILUCADUNNY

Printed Name of the Person Filing

Nadya Tilucadunny

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**