

L22000449674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

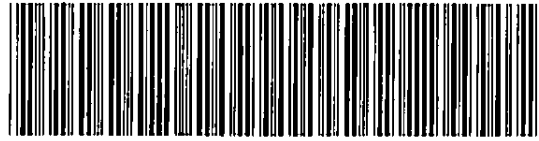
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Certified Copies _____ Certificates of Status _____

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JUN 25 2024

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2024 JUN 11 PM 3:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOWER ESSENCE LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLOR ALBA MENDEZ CRUZ

(Name of Person)

(Firm Company)

12319 SHADOWBROOK LN

(Address)

ORLANDO, FL 32828

(City, State and Zip Code)

For further information concerning this matter, please call:

FLOR ALBA MENDEZ CRUZ

(Name of Person)

689

269 7913

at (

(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 JUL 11 PM 3:25

1. The name of a limited liability company is
FLOWER ESSENCE LLC

2. The Articles of Organization were filed on 10/19/2022 and assigned
document number 122000449674

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).
Not longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: FLOR ALBA MENDEZ CRUZ
12319 SHADOWBROOK LN
ORLANDO, FL 32828

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:

Flor Alba Mendez
Signature

FLOR ALBA MENDEZ CRUZ
Printed Name

FILING FEE: \$25.00