L22000471192

| (Requ | iestor's Name) | |
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| (Addr | ess) | |
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| (Addr | ess) | |
| | | |
| (City/S | State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL MAIL |
| (Busin | ness Entity Nar | me) |
| | | |
| (Docu | iment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
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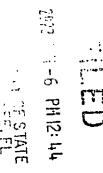
Office Use Only



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CEB 6 7878



COVER LETTER

The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:



FLORIDA DEPARTMENT OF STATE Division of Corporations

NECEIVED
2023 JUH-6 AM 10: 24

April 11, 2023

KALLIOPE ARCHONDIS 847 SAINT JOHN STREET LAFAYETTE, LA 70501

SUBJECT: 3D SUCCESS LLC Ref. Number: L22000471192

We have received your document for 3D SUCCESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 523A00008139

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is SUCCESS LLC | | | |
|----------|--|--|--|--|
| 2. | The Articles of Organization were filed on $\frac{09/03/2019}{1192}$ and assigned document number $\frac{L22000471192}{1192}$ | | | |
| 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). | | | |
| | Moved out of state to Louisiana. | | | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: | | | |
| | | | | |
| | OF STATE SEE, FL | | | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: | | | |
| K | alliepe Archonos Kalliope Archondis Printed Name | | | |
| | FILING FEE: \$25.00 | | | |