

L22000492580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

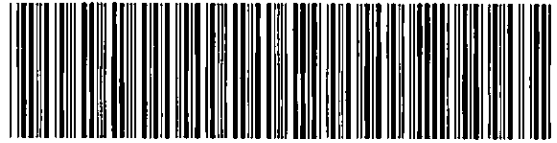
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 28 2024

Office Use Only



900429060829

05/06/24--01019--008 **25.00

FILED
2024 MAY -5 PM 12:21
J. HORNE

April 29, 2024

To: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Dissolution of Art Pantry SRQ LLC

4538 Groveland Avenue
Sarasota, FL 34231

941-685-9579

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Art Pantry SRQ 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:

Corinne Fallacaro

(Name of Person)

Art Pantry SRQ

(Firm/Company)

4538 Groveland Avenue

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne Fallacaro

(Name of Person)

941 685-9579
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 MAY -6 PM 12:21
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS, TEXAS

1. The name of a limited liability company is

Art Pantry SRQ LLC

2. The Articles of Organization were filed on November 17, 2022 and assigned

document number 1.22000492580

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).

No business obtained

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

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:

Corinne Fallacaro
Signature

Corinne Fallacaro

Printed Name

FILING FEE: \$25.00