L23000044130

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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2024 MAY - 6 PH 1: 01

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Simply Cynthia, L.C. (Name of Limited Liability Company)				
J J (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:				
Cynthia Centa (Name of Person)				
(Firm/Company)				
3521 Sahara Springs Blvd.				
Company beach, LC 33069				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Cyrthia Cerveta at 561, 414-7425 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (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

1.	The name of a limited liability company is SIMPLY CYNTHIA, LLC	2024 MAY -6 PH 1: 01
2.	The Articles of Organization were filed on Jan, 24, 2023	and assigned
(document number <u>L 23000044130</u>	
3.	The delayed effective date the dissolution if not effective on the date of fili (effective date cannot be prior to or more than 90 days later than do Note: If the date inserted in this block does not meet the applicable statutory filialisted as the document's effective date on the Department of State's records.	ate document is received for filing)
4. 6	A description of occurrence that resulted in the limited liability company's 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). LACK A funds to Continue.	dissolution pursuant to section
-		
	If there are no members, enter the name and address of the person appoints activities and affairs:	Sids Blud,
6. S abo	Signature of an authorized person or if there are no members, the signature ove to wind up the company's activities and affairs:	of the person appointed and listed
	() Cuh	His Cont

FILING FEE: \$25.00