

L230000 74575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

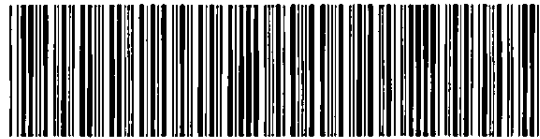
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/08/24--01025--017 **25.00

FILED
2024 APR -8 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S-tile smile with your tile
(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:

Ramon Garcia Castell
(Name of Person)

S-tile smile with your tile
(Firm/Company)

5806 Fisherman Dr
(Address)

Bradenton FL 34209
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon at (941) 592-5646
(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

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TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

S-file smile with your file

2. The Articles of Organization were filed on 2/9/2023 and assigned

document number L 230 000 745 75

3. The delayed effective date the dissolution if not effective on the date of filing: 01/15/24
(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).

Results of company where not as
expected.

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

Ramon Garcia Castell

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:


Signature

Ramon Garcia Castell
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

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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: S-tile Smile with your tile

Document number of Limited Liability Company is: L2 3 000074 515

Date of dissolution was: 1/15/2024

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

Company results were not as expected.
Company didn't have enough sales.

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

5806 Fisherman Dr
Bradenton FL 34209

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SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Ramon Garcia Castell

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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