

L23 0000 78198

11/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

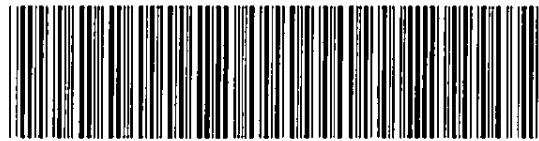
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/24--01019--007 **25.00

FILED
2024 DEC -3 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sechrist Solution, 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:

Susan A. Gray

(Name of Person)

The Sechrist Solution, LLC

(Firm/Company)

12435 Jewel Stone Ln

(Address)

Ft Myers, FL 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan A. Gray

(Name of Person)

239

898-7302

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**

1. The name of a limited liability company is

The Sechrist Solution, LLC

2. The Articles of Organization were filed on 02/13/20223 and assigned

document number L23000078198

3. The delayed effective date the dissolution if not effective on the date of filing: 11/24/2024
(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).

non-use, no business dealings or transactions

non-use, no business dealings or transactions

non-use, no business dealings or transactions

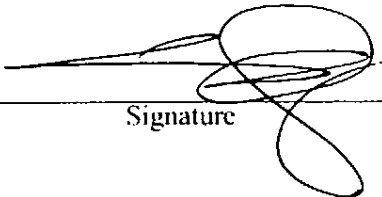
5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

Susan A. Gray 12435 Jewel Stone Ln Ft Myers, FL 33913

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CLERK OF STATE
TALLAHASSEE, FL

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

Susan A. Gray

Printed Name

FILING FEE: \$25.00