

L23 000090513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

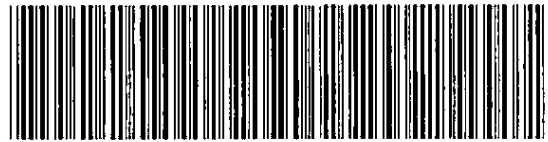
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mama Coach - Sam Cross, 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:

Samantha Cross
(Name of Person)
The Mama Coach - Sam Cross, LLC
(Firm/Company)
2618 Faversham Drive
(Address)
Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Cross at (706) 816-3520
(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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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

1. The name of a limited liability company is

The Mama Coach - Sam Cross, LLC

2. The Articles of Organization were filed on January 18, 2024 and assigned

document number 1231222090813

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 longer interested in pursuing this
business

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

Samantha Cross
2618 Faversham Drive
Tallahassee, FL 32303

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:

Samantha Cross
Signature

Samantha Cross
Printed Name

FILING FEE: \$25.00