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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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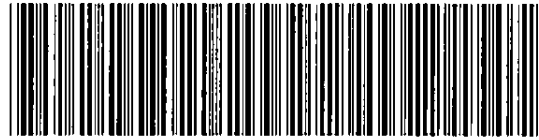
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thynk Ink, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina L Norris

Name of Person

Thynk Ink, LLC

Firm/Company

22481 Westchester Blvd. #41

Address

Punta Gorda, FL 33980

City/State and Zip Code

cnorris2@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina L Norris

Name of Person

at (941) 204-7461

Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Thynk Ink, LLC

SECOND: The Florida Document number of the limited liability company is: L23000090939

THIRD: The date of filing of the initial articles of organization is: February 20th, 2023

FOURTH: The date of filing of the dissolution is: December 27, 2023

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

No income was made for this LLC, therefore, no taxes were filed per professional tax preparer of personal taxes.

Christina L. Norris Christina L. Norris
Signature of Authorized Representative Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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