L23000166295

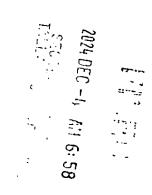
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
U	mils	





000440391390

12/04/24==01004==013 **25.00



COVER LETTER

	stration Section sion of Corporations					
	Cancel LLC Account					
(Name of Limited Liability Company)						
he enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.				
lease return a	all correspondence concerning this matter to	the following:				
	Recois thelot					
	(Nai	ne of Person)				
	Thelot store					
	(Fir	m/Company)				
	6201 country fair circle					
		(Address)				
	Boynton Beach Beach florida 33437					
	(City/St:	ate and Zip Code)				
or further int	formation concerning this matter, please call	:				
Reco	ois thelot	561 9399402				
(Name of Person)		at ()(Area Code & Daytime Telephone Number)				
Inclosed is not	heck for the following amount:					
	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mail	ing Address:	Street Address:				
Registration Section		Registration Section				
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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:	
Document number of Limited Liability Company is: 92368226	
Date of dissolution was:	
Description of information that must be included in a written	claim:
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
6201 country fair circle Boynton Beach 33437	
A claim against the above named limited liability company we claim is commenced within 4 years after the filing of this noti	
Recois thelot	
Printed Name of the Person Filing	Signature of the Person Filing

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Thelot store	ity company is			-	·	
2.	. The Articles of Organization were filed on			and assig	ned		
	document number						
3.	Note: If the date inserted in t	the dissolution if not effective on the date of filing: 11/16/24 e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be etive date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes. (that resulted in the lin copy 605.0707 on bac	nited liability company k cover letter).	's dissolution pu	ursuant to	section	
	Not desirable	••	,		7.0	707	
	Not desirable			_		h DEC -1	
	Not desirable					. سين	
	Not desirable				- 7	M 6: 5	
5.	If there are no members, entactivities and affairs:	er the name and addre	ss of the person appoin	ited to wind up t	he compai	_{ny's} &	
		Recois thelot	<u> </u>				
		Marie Thelot					
6. at	Signature of an authorized pove to wind up the company	person or if there are no s activities and affairs	o members, the signatu	re of the person	appointed	and listed	
	1/		Recois thelot				
	Signature		Pri	inted Name			

FILING FEE: \$25.00