

L23000166295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

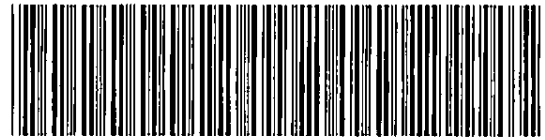
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmils

Office Use Only



000440391390

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

2024 DEC -11 AM 6:58
RECEIVED
6770 5771

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: Thelot store

Document number of Limited Liability Company is: 923682264

Date of dissolution was: 11/16/24

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 will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Recois thelot

Printed Name of the Person Filing

Signature of the Person Filing

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

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

1. The name of a limited liability company is

Thelot store _____

2. The Articles of Organization were filed on _____ and assigned

document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: 11/16/24
(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).


Not desirable _____
Not desirable _____
Not desirable _____
Not desirable _____

2024 DEC -11 AM 6:58
FILED

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

Recois thelot _____
Recois thelot _____
Marie Thelot _____

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

Recois thelot _____
Printed Name

FILING FEE: \$25.00