

L23000177 569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

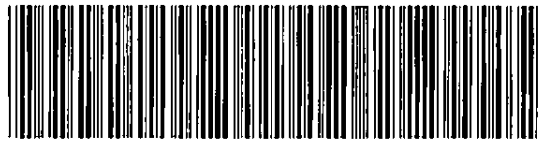
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

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700427381237

04/16/21 --01020--009 **25.00

04/16/21 --01020--009 **30.00

SECURITY

2024 APR 16 PM 1:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FILE CKLESS

(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:

NICHOLAS MIRABAL

(Name of Person)

(Firm/Company)

1302 LAKE HANNA DR

(Address)

LUTZ FL 33549

(City/State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS MIRABAL

(Name of Person)

813

7742029

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

FLECKLESS

2. The Articles of Organization were filed on 4/10/23 and assigned

document number L23000177569

3. The delayed effective date the dissolution if not effective on the date of filing: 4/9/24
(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).

I DID NOT DO ANYTHING WITH THE LLC THEREFORE I AM DISOLVING IT.

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

NICHOLAS MIRABAL

1302 LAKE HANNA DR LUTZ FL 33549

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

NICHOLAS MIRABAL

Printed Name

FILING FEE: \$25.00

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2024 APR 16 PM 1:51
TAMU SEC

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: FLECKLESS

Document number of Limited Liability Company is: L23000177569

Date of dissolution was: 4/9/23

Description of information that must be included in a written claim:

Unfortunately I never did anything with the LLC therefore I would like to dissolve it before it becomes outdated

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1302 lake hanna dr lutz fl 33549

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.

NICHOLAS MIRABAL

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

FILED
2024 APR 16 PM 1:51
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE