

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000201200**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

LLC DISSOLUTION OR WITHDRAWAL  
SIXSENSES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

RECEIVED  
2024 AUG 16 PM 1:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 AUG 16 PM 12:19  
FILED  
AND  
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AUG 19 2024  
K. Brumbley

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SIXSENSES LLC  
SUBJECT: \_\_\_\_\_

(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:

RUBEM SOUZA

\_\_\_\_\_  
(Name of Person)

MEDEIROS SOUZA CORP

\_\_\_\_\_  
(Firm/Company)

1711 AMAZING WAY STE 213

\_\_\_\_\_  
(Address)

OCOE, FL. 34761

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEM SOUZA

\_\_\_\_\_  
(Name of Person)

407

3268484

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

SIXSENSES LLC

2. The Articles of Organization were filed on 04/21/2023 and assigned

document number L23000201200

3. The delayed effective date the dissolution if not effective on the date of filing: 08/16/2024  
(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).

Eduardo Ribeiro Marques request do dissolve the company

Eduardo Ribeiro Marques request do dissolve the company

Eduardo Ribeiro Marques request do dissolve the company

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

6965 PIAZZA GDE AVE, SUITE 309, ORLANDO, FL 32835

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:

EDUARDO RIBEIRO MARQUES

Signature

Eduardo Ribeiro

Printed Name

**FILING FEE: \$25.00**

2024 AUG 16 PM 12:19  
FILED

APPROVED  
AND  
FILED

## 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: SIXSENSES LLC

Document number of Limited Liability Company is: L23000201200

Date of dissolution was: 08/16/2024

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

General services company.

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

1711 AMAZING WAY STE 213, OCOEE, FL 34761

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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.

Eduardo Ribeiro Marques

Printed Name of the Person Filing

EDUARDO RIBEIRO MARQUES

Signature of the Person Filing

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