

L23000231248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

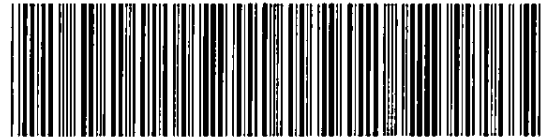
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04/15/24--01025--01: 5.00

FILED  
2024 APR 16 PM 1:15  
TALLAHASSEE  
FLORIDA  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Angie Olsen, LLC  
(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:

Angie Olsen  
(Name of Person)

Angie Olsen, LLC  
(Firm/Company)

15148 Piping Plaver St  
(Address)

Winter Garden, FL 34787  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angie Olsen at ( 435 ) 770-7280  
(Name of Person) (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

Angie Olsen, LLC

2. The Articles of Organization were filed on 5/10/2023 and assigned

document number L23000231248

3. The delayed effective date the dissolution if not effective on the date of filing: 4/11/24  
(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).

LLC didn't generate a profit as expected

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

Angie Olsen

15148 Piping Plover St

Winter Garden, Florida

34787

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:

Angie Olsen  
Signature

Angie Olsen  
Printed Name

FILING FEE: \$25.00

## 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: Angie Olsen, LLC

Document number of Limited Liability Company is: L23000231248

Date of dissolution was: 4/11/24

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

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

15148 Piping Plover St  
Winter Garden FL 34787  

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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.

Angie Olsen  
Printed Name of the Person Filing

Angie Olsen  
Signature of the Person Filing