

L23000263179

(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:

FIG 2019

Office Use Only



300422028353

01/25/24 --01017--028 **25.00

FILED

2024 JAN 26 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Post Luxury 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:

Ashley Haley
(Name of Person)
The Post Luxury LLC
(Firm/Company)
4439 White Ave
(Address)
Tampa FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Haley at (941) 323-7141
(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

FILED
2024 JAN 26 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The Post luxury LLC

2. The Articles of Organization were filed on 5/30/2023 and assigned

document number L23000263179

3. The delayed effective date the dissolution if not effective on the date of filing: 6/1/2023
(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 have decided to not move forward with this
business.

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

Ashley Haley
4439 W Gula Ave
Tampa FL 33616

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:

Ashley Haley
Signature

Ashley Haley
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: The Post Luxury LLC

Document number of Limited Liability Company is: L23000263179

Date of dissolution was: 1/19/2024

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

No longer starting the business.

FILED
2024 JAN 26 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4439 W Leila Ave
Tampa FL 33616

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.

Ashley Haley
Printed Name of the Person Filing

Ashley Haley
Signature of the Person Filing