

L23000281559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

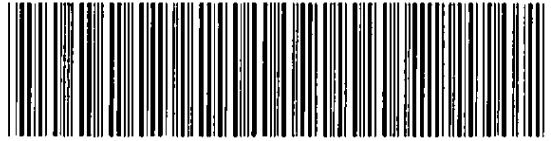
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500410562555

06/21/23--01019--023 **30.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 06/21/23 BY 1041

10

DA

Florida Department of State

June 16, 2023

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

On June 6, 2023 I discovered my Wells Fargo Bank accounts' had been locked because of irregular activity. My personal information, including my name, address and Social Security number had been compromised and about \$450 worth of points stolen. All accounts have been changed.

A few days later I was informed that a Barkley Bank account application had been submitted. This fraud application used my name, home address and SSA number. The bank marked this account as fraudulent and denied the application.

On June 16, 2023, LifeLock alerted us to an attempt to open an account with Unit Finance on behalf of ZenBusiness. This attempt was blocked and the application is classified as fraudulent.

On June 12, 2023. I received letters from LaborCorp and Florida Certified Document Services indicating that I had opened a Florida LLC under the name of Christina Flights LLC. This LLC was not initiated, authorized or approved by me and is a fraudulent action.



Christina E. Williams

617 Mediterranean Way

St Augustine, FL 32080

Police ID# 10221

CASE #- SJ50 23 off 006373

Jurat Certificate

State of Florida

County of Saint Johns

Sworn to (or affirmed) and subscribed before me this 16th day

of June, 20 23, by means of ☒ physical presence or ☐ online notarization

Christina E. Williams (name of person making statement).

☒ Personally known to me Christina E. Williams

☐ Produced Identification

Type of Identification Produced _____

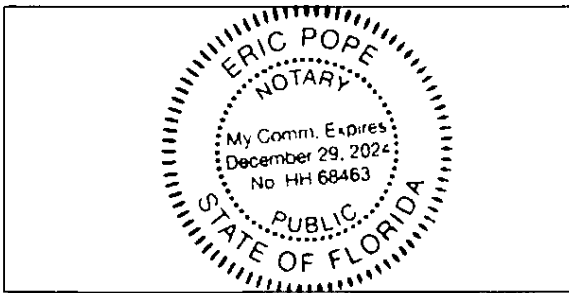
Notary Signature _____



Title Notary Public

My appointment expires 12/29/2024

Place Seal Here



Description of Attached document

Type or Title of Document

Florida Dept. of State Letter

Document Date

6/16/2023

Number of Pages

1

Signer(s) Other Than Named Above

None

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTINA Flights 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:

CHRISTINA E. Williams
(Name of Person)

CHRISTINA FLights Llc
(Firm/Company)

617 Mediterranean Way
(Address)

Saint AUGUSTINE, FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Williams at 904.392-5464
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
\$30.00 - certificate

☐ \$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
2023 JUN 21 PM 1:02

1. The name of a limited liability company is

CHRISTINA Flights LLC

2. The Articles of Organization were filed on 6/12/2023 and assigned

document number L23000281559

3. The delayed effective date the dissolution if not effective on the date of filing: 6/16/2023
(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).

this LLC was opened with my stolen
identity. All my information was used
and I did not approve or consent
It is a fraudulent LLC

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

Christina E. Williams
617 Mediterranean Way
Saint Augustine, FL
32080

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:

Christina E. Williams
Signature

CHRISTINA E. Williams
Printed Name

FILING FEE: \$25.00