

L23000292730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

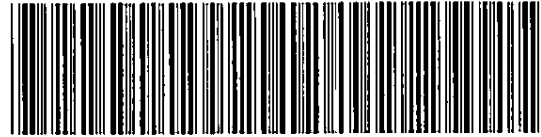
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2025 JAN -7 AM 9:16

TALLAHASSEE, FLORIDA

2025 JAN -7 PM 1:53

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 1/7/2025**

**NAME: SMILE VIRTUAL LLC**

**TYPE OF FILING: DISSOLUTION**

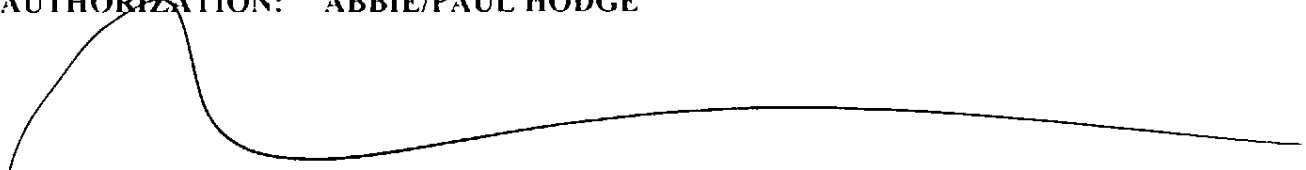
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smile Virtual 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:

Cameron Hemphill

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

Smile Virtual LLC

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

13 Heartwood Street

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

Inlet Beach Florida 32461

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

For further information concerning this matter, please call:

Cameron Hemphill

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

801

755-8379

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2025

FLORIDA FILING

SUBJECT: SMILE VIRTUAL LLC  
Ref. Number: L23000292730

We have received your document for SMILE VIRTUAL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 325A00000534

*Please keep the original filing date - client no longer wants to include the notice.*

*Thank you*

RECEIVED  
2025 JAN 10 PM 1:53  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2025 JAN -7 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Smile Virtual LLC

2. The Articles of Organization were filed on 6/21/23 and assigned

document number 200410254282 L23000292730

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/25  
(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).

Closing down the 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:

Cameron Hemphill

13 Heartwood Street inlet Beach Florida 23461

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:

DocuSigned by:

Cameron Hemphill

Signature

Cameron Hemphill

Printed Name

FILING FEE: \$25.00