

L23000379726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

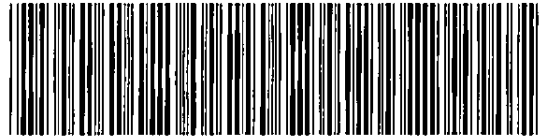
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100432057141

06/28/24--01017--012 **25.00

FILED
2024 JUN 28 PM 2:35
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonded Lave
(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:

Nicole Plaza
(Name of Person)

(Firm/Company)

252 Arbor Lakes Dr
(Address)

Davenport FL 33896
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Plaza at (407) 791 1885
(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

Registration Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 JUN 28 PM 2:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Bonded Care, LLC

2. The Articles of Organization were filed on 8/14/23 and assigned

document number L23060379726

3. The delayed effective date the dissolution if not effective on the date of filing: 3/27/24
(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).

The inability to generate any profit

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

Nicole Plazan

252 Arbor Lakes Dr

Davenport FL 33896

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:

Nicole Plazan
Signature

Nicole Plazan
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: Bonded Love, LLC

Document number of Limited Liability Company is: L23000379726

Date of dissolution was: 3/27/24

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

The inability to generate profit.

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

252 Arbor Lakes Dr
Davenport FL 33896

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.

Nicole Plaze
Printed Name of the Person Filing

Nicole Plaze
Signature of the Person Filing

FILED
2024 JUN 28 PM 2:35
TALLAHASSEE STATE
FLORIDA