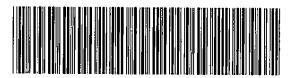
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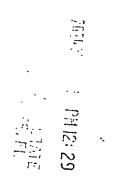
(Requestor's Name)
(Address)
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,
(City/Conty/7) (City/Conty/f)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration So Division of Co	•				> (/ LC	
	-	م م	r	Office Je	+vices, LLC	
SUBJECT:	(Name of	Limited I	Liability Comp	any)		
	(Mine VI	ismined i	monny comp	any,		
The enclosed Articles o	f Dissolution and fee(s) are so	ubmitted	for filing.			
Please return all corresp	ondence concerning this mat	ter to the	following:			
	Pam	ela [). Loff.	h		
		(Ivallic o	r erson)			
	רַ רַ	y pe (Firm/Co	Sayy 9	Office J	ervices, LLC	
	459 Sand	Do116	u Lane		PH 12: 29	
		(Add	ress)		· - ———————————————————————————————————	
	Coco	oc. FL	3292	7		
	(C	ity/State ar	id Zip Code)		72 23	
For further information	concerning this matter, please				Pri —	
£	(Name of Person)		_at (3.2.)	ಎಂಕ -	DISY phone Number)	
	(Name of Person)	J	(Area C	lode & Daytime Tele	phone Number)	
Enclosed is a check for the	: following amount:	*	Ema-1.	LUPTIND TI	@gmail.com	
,	ee and Certificate of Dissolution			g Fee, Certificate of I Copy (additional copy		
Mailing Addre Registration Division of (P.O. Box 63: Tallahassee,	Section Corporations 27		The Centre	Section Corporations of Tallahassee onroe Street, Sui	te 810 2 yes	ine?
		لو	€ S€e	check for	, ·825, US	
				enclose	لے	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Type Savry Office Services, LLC.
2. The Articles of Organization were filed on $\frac{5}{21}/2023$ and assigned
document number <u>L 2300 0 3 9 16 38</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 4/25/24 (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.
 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).
Did not have time or money to
Get this Business going at this time,
unfortunately.
Will harefully try again- another time.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Panela D. Loftin
459 Sand Dollar Ly.
Cucon, FL 32927
5. Signature of an authorized person or if there are no members, the signature of the person appointed and liste above to wind up the company's activities and affairs:
c Pamela D. Loftin Pamela D. Loftin
Signature Printed Name
FILING FEE: \$25.00