

L23000391638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. HUNT  
05/01/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Type ~~Service~~ Office Services, 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:

Pamela D. Loftin  
(Name of Person)  
Type Service Office Services, LLC  
(Firm/Company)  
459 Sand Dollar Lane  
(Address)  
Cocoa, FL 32927  
(City/State and Zip Code)

FILE  
DATE  
FEB 12 2008  
PM 12:29

For further information concerning this matter, please call:

Pam Loftin at ( 321 ) 208-0184  
(Name of Person) (Area Code & Daytime Telephone Number)  
\* Email: Loftinp97@gmail.com

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

Can mail  
come here?  
yes

\* See check for \$25.00  
enclosed.

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Type Savvy Office Services, LLC

2. The Articles of Organization were filed on 8/21/2023 and assigned

document number L 23000391638

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.

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).

Did not have time or money to  
get this Business going at this time,  
unfortunately.

Will hopefully 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:

Pamela D. Loftin  
459 Sand Dollar Ln.  
Cocoa, FL 32927

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:

x Pamela D. Loftin  
Signature

Pamela D. Loftin  
Printed Name

**FILING FEE: \$25.00**

2024  
APR 25  
11:29  
FILE  
STATE  
FL