L23000453802

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Oity/Otale/2.lp// Holle #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE APR 1 & 2024	
• •	





000426651090

03/27/24 -01026--004 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tracy'S T			
(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:			
, -			
Tracy RICCU.	Mullahey		
Tracys To	by Box		
(Firm/C	Company)		
5028 Nei	idress) The FL 32967		
(Ad	dress)		
Vero Bea	ch FL 32967		
(City/State	and Zip Code)		
For further information concerning this matter, please call:			
Tracy Ricca-Mullaher	238-6259		
(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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

1.	The name of a limited liability company is Tracys Toy Box 374 1:48
2.	The Articles of Organization were filed on $\frac{10/2/34}{}$ and assigned
	document number $L 23000453802$
3.	The delayed effective date the dissolution if not effective on the date of filing: (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). No was never active or used.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Tracy Ricca- Mullakey 5028 Neuell Circle
	Vero Beach FL 32967
6. al	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	Maly ley - Mellally Tracy Rica-Mullahar Signature Printed Name
	Signature Printed Name

FILING FEE: \$25.00