

L28000522724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 APR 22 AM 9:36  
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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

~~Taste the Tease, LLC~~

Taste the Tease, LLC

2. The Articles of Organization were filed on 11/20/2023 and assigned

document number L23000522724

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 circumstances that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (except 605.0707 on such other entity).~~

Diana Turchina being all the members of Taste the Tease, LLC hereby consent to the dissolution of Taste the

Tease, LLC.

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

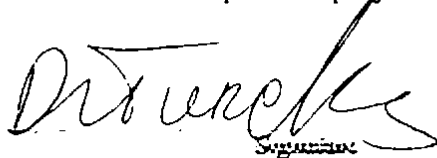
activities and affairs:

Diana Turchina

12524 Night View Dr

Sarasota, FL 34238

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:

  
Signature

DIANA Turchina  
Printed Name

**FILING FEE: \$25.00**

2024 APR 22 AM 9:38

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taste the Tease, 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:

Diana Turchina

(Name of Person)

Taste the Tease, LLC

(Firm/Company)

12524 Night View Dr.

(Address)

Sarasota, FL 34238

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Turchina

(Name of Person)

at (

407

844-3901

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$250.00 (Articles of Dissolution)

☐ \$250.00 (Filing Fee for Certified Copy)  
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