

L24000119810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

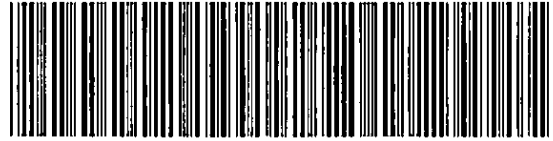
(Document Number)

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DEC 17 2024

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11/20/24--01018--013 **25.00

FILED
2024 NOV 20 PM 4:09
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDCOMPANY, 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:

MANUEL DINER

(Name of Person)

MANUELDINER, P.A.

(Firm/Company)

2800 WESTON ROAD, SUITE 204

(Address)

WESTON, FL. 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL DINER

(Name of Person)

305

825-8151

at (_____) _____

(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

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

FILED
2024 NOV 20 PM 4:09
STATE OF FLORIDA

1. The name of a limited liability company is
INDCOMPANY, LLC

2. The Articles of Organization were filed on 03/08/2024 and assigned
document number L24000119810

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).
Limited liability company never organized or opened for business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MANUEL DINER- 2800 WESTON RD., #204, WESTON, FL. 33331

SALOMON LIBOS RIMA- 1353 VICTORIA ISLE DR., WESTON, FL. 33327

AALEJANDRO ARANGO VELEZ-400 SUNNY ISLES BLVD.#1622,MIAMI

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

MANUEL DINER

Printed Name

FILING FEE: \$25.00