

L24000147014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

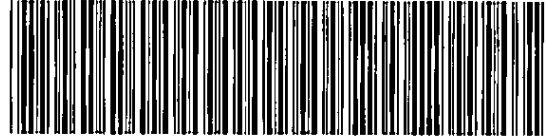
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAY 31 2024

Office Use Only



100429991271

FILED

2024 MAY 30 PM 10:22

RECEIVED

2024 MAY 29 PM 1:35

DIVISION OF CORPORATE  
IN TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYMMETRY CAPITAL, 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:

STACY SMALL

\_\_\_\_\_  
(Name of Person)

SMITH THOMPSON SHAW

\_\_\_\_\_  
(Firm/Company)

3520 THOMASVILLE ROAD - 4TH FLOOR

\_\_\_\_\_  
(Address)

TALLAHASSEE, FL 32309

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

STACY SMALL

\_\_\_\_\_  
(Name of Person)

850

893-4105

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 MAY 30 PM 10:22

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

2. The Articles of Organization were filed on MARCH 26, 2024 and assigned

document number L24000147074

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).

THIS ENTITY WAS FILED ONLINE UNDER THE UNDERSIGNED'S NAME; HOWEVER, THE

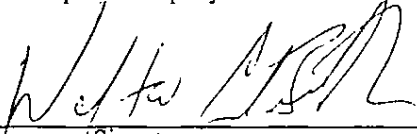
UNDERSIGNED DID NOT SET UP THIS ENTITY

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: WALTER CRIT SMITH

3520 THOMASVILLE ROAD - 4TH FLOOR

TALLAHASSEE, FL 32309

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

WALTER CRIT SMITH

Printed Name

**FILING FEE: \$25.00**