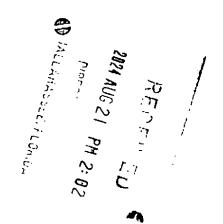
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(00001101111101)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





600434699846



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Affirm Enterprize	LLE		
(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:			
Venessa Crout (Name of Person)			
(Name of Person)			
Affirm Enterprize LLC (Firm/Company)			
100 & Pine Str	ert Suite 110		
Orlando, FL 30 (City/State and Zip Con	1 8 0 1 de)		
For further information concerning this matter, please call:			
Venessa Creut at 4 (Name of Person)	Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
į.	Filing Fee, Certificate of Dissolution & tified Copy (additional copy is enclosed)		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division The Ce	ddress: ation Section on of Corporations ntre of Tallahassee Monroe Street, Suite 810 ussee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Affirm Enterprize LLC
2.	The Articles of Organization were filed on 17 prul 19, 2024 and assigned
	document number 800437835408
3.	The delayed effective date the dissolution if not effective on the date of filing: Pucust 31, 2020 (effective date cannot be prior to or more than 90 days later than date document is goeived 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). DUST Statted (IS INTERCLE)
5	If there are no members, enter the name and address of the person appointed to wind up the company's
Э,	activities and affairs:
	13300 Wisper Palms Way
	APH 101
	Orlando, FL 32828
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:

Venessa C, voult

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Affirm Enterprize LLC
Document number of Limited Liability Company is: 800 427835 408
Date of dissolution was: Pugust 21, 2024
Description of information that must be included in a written claim:
Business never Started as intended
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Affirm Enterprize LLC
Affirm Enterprize LLC 100 & Pine Street, Sure 110
Dylando, FL 32801
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Venessa Crout Daniera Citat

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing