

L24000238407

(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:

Office Use Only



500436486795

2024 SEP 30 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL

2D

RECEIVED
2024 SEP 30 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5 HUNT
09/30/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/30/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1298350

ORDER ENTITY
TALISMAN FAMILY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
TALISMAN FAMILY LLC (FL)

File the attached dissolution document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALISMAN FAMILY 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:

Jermaine Allen

(Name of Person)

Shutts & Bowen LLP

(Firm/Company)

525 Okeechobee Blvd, Ste. 1100

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

FILED
TALLAHASSEE, FL
JAN 20 2008
PM 12:30

For further information concerning this matter, please call:

Jermaine Allen

561

650-8554

at (

(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:

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**

1. The name of a limited liability company is

TALISMAN FAMILY LLC

2. The Articles of Organization were filed on 05/22/2024 and assigned

document number 1.24000238407

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)

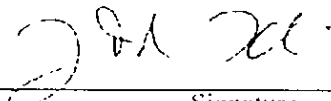
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The Manager/Member has agreed to dissolve the Company.

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

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

Jason T. Kalisman

Printed Name

FILING FEE: \$25.00

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FL
MAY 23 2024 PM 12:30

ED