

L24000248159

Susan Baron
P.O. Box 8537
Longboat Key, FL 34228
340-514-8562 igonative@aol.com

300431201503

Department of State
Division of Corporations
Certification Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Statement of Fact

LLC opened without my knowledge or authorization

To Whom It May Concern,

I did not authorize the **Electronic Articles of Organization For Florida Limited Liability Company** My signature is NOT on file for the formation of Susan Baron Consulting, LLC.

L24000248159
FILED 8:00AM
May 30, 2024
Sec. Of State

I only discovered this entity was opened in my name is when I began receiving mail to my P.O. Box on May 16, 2024 from Fla Business Filing Center, Business Certificate Services and Business Compliance Division, otherwise I would never have known.

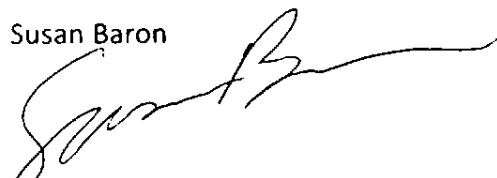
I have followed the Attorney General's Office instructions, made note with the local police and completed the online IC3 form, awaiting a response.

I have electronically made a Dissolution of Limited Liability Company on May 18, 2024 from my computer and have a paid receipt from Tyler Payment Services to Division of Corporations.

Please make a note in your records. Please feel to contact me should you have any other questions or concerns.

Thank you

Susan Baron



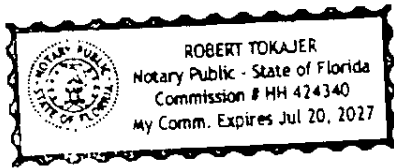
June 20, 2024

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of Sarasota



The foregoing instrument was acknowledged before me by means of

☒ Physical Presence,

— OR —

☐ Online Notarization,

this 20th day of June, 2024, by
Date Month Year

Susan Baron

Name of Person Acknowledging

[Signature]

Signature of Notary Public — State of Florida

Robert Tokajer

Name of Notary Typed, Printed or Stamped

☐ Personally known

☒ Produced Identification

Type of Identification Produced: FL DL

B650 785 67 6680

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Typed Letter RE: Statement of Fact

Document Date: June 20, 2024 Number of Pages: 1

Signer(s) Other Than Named Above: None