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PC
8-29-05

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/29/2025
Acc#I20160000072

en: c DW

Name:	The Lucid Company TLC LLC
Document #:	
Order #:	16482324

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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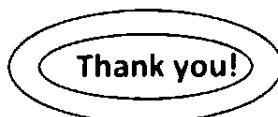
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Availability _____
Document _____
Examiner _____
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Verifier _____
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Ref# _____

Amount: \$ **155.00**



Bart J. Plaumann
The Lucid Company, TLC, Inc.
107 Tresana Blvd., Suite 21
Jupiter, FL 33478
Telephone No.: (978) 340-7225

August 22, 2025

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom it May Concern,

I am writing to formally notify the Florida Division of Corporations, Registration Section, of our intent to voluntarily dissolve the business entity registered under the name The Lucid Company, TLC, Inc., with Document Number P23000007122.

Please be advised we do not intend to reinstate the entity in the future and, therefore, we also request the release of the entity's name. We understand that this action will make the name available for use by other parties in accordance with Florida statutes.

All necessary documentation for dissolution is being submitted in accordance with Florida law. Should you require any additional information, please do not hesitate to contact me using the information listed above.

Sincerely,

Bart Plaumann

Bart J. Plaumann

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Lucid Company TLC LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bart J. Plaumann
Name of Person
The Lucid Company TLC LLC
Firm/Company
107 Tresana Blvd., Suite 21
Address
Jupiter, FL 33478
City/State and Zip Code
bjplaumann@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bart J. Plaumann 978 340-7225
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Lucid Company TLC LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

107 Tresana Blvd., Suite 21

Jupiter, FL 33478

Mailing Address:

107 Tresana Blvd., Suite 21

Jupiter, FL 33478

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bart J. Plaumann

Name

107 Tresana Blvd., Suite 21

Florida street address (P.O. Box **NOT** acceptable)

Jupiter

FL

33478

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Bart Plaumann

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Bart J. Plaumann
107 Tresana Blvd., Suite 21
Jupiter, FL 33478

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bart J. Plaumann

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)