

P18000004277

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

DISSOLUTION OR WITHDRAWAL
AMANDA LINDROTH CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

2024 MAR 26 AM 11:32

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2024 MAR 26 PM 1:21

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COVER LETTER

H24000113296

TO: Amendment Section
Division of Corporations

SUBJECT: AMANDA LINDROTH CORP

DOCUMENT NUMBER: P18000004277

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Demitrianna Grekos

(Name of Contact Person)

Hunton Andrews Kurth LLP

(Firm/Company)

333 SE 2nd Avenue, Suite 2400

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Demitrianna Grekos

at (305.810.2572

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: Amanda Lindroth Corp

SECOND: The document number of the corporation (if known): P18000004277

THIRD: The date dissolution was authorized: February 25, 2024

Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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Signature: Amanda Lindroth

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Amanda Lindroth

(Typed or printed name of person signing)

President and Treasurer

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Amanda Lindroth Corp

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

3/26/24

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Claim must be in writing and include the name of the claimant, the amount of the claim, and a short summary of the basis for the claim.

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Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

445 KING ST, SUITE 102, CHARLESTON SC 29403

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Amanda Lindroth



Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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