## P18000075275

| (Re                     | questor's Name)   |                 |
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| PICK-UP                 | ☐ WAIT            | MAIL            |
|                         |                   |                 |
| (Bu                     | siness Entity Nan | ne)             |
|                         |                   |                 |
| (Do                     | cument Number)    |                 |
|                         |                   |                 |
| Certified Copies        | _ Certificates    | of Status       |
|                         |                   |                 |
| Caraiallannan           | 50: O#:           |                 |
| Special Instructions to | Filing Officer:   |                 |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                       |   |
|--|---|
| SUBJECT: Resubmitting in DOCUMENT NUMBER: P180000                    | the the proper for m                                      |
| DOCUMENT NUMBER: P18000  | 75275   |
| The enclosed Articles of Dissolution and fee are submit              | ted for filing.   |
| Please return all correspondence concerning this matter to           | to the following:   |
| Anne de  | laur  |
| (Name of Contact Perso   | ·   |
| niterior by a  | Le Cacar Anc  |
| 120 E. Dakland Par   | k Blvd sto 105_308  |
| Fort Jaude Male (City/State and Zip Co                               | A 33334   |
| For further information concerning this matter, please ca            | 11:   |
| Anno de lulac at (at (   | 1954 6470781<br>Area Code) (Daytime Telephone Number)     |
| Enclosed is a check for the following amount:                        |   |
| eckalradi Certificate of Status Certified C<br>(Additional enclosed) | Certified Copy (Additional copy is                        |
| Mailing Address: Amendment Section                                   | Street Address: Amendment Section                         |
| Division of Corporations<br>P.O. Box 6327                            | Division of Corporations The Centre of Tallahassee        |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |
|  |   |



December 17, 2024

ANNE DE LECOUR 120 EAST OAKLAND PARK BLVD SUITE 105-308 FORT LAUDERDALE, FL 33334

SUBJECT: INTERIORS BY DE LACOUR INC

Ref. Number: P18000075275

We have received your document for INTERIORS BY DE LACOUR INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA NOT FOR PROFIT CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 724A00027407



## 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:  |      |  |  |
|---------|---|------|--|--|
|         | Interiors by delacour mc.   |      |  |  |
| SECOND: | The document number of the corporation (if known): $P18000752$  | 7    |  |  |
| THIRD:  | The date dissolution was authorized: MOV 16 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 was not be listed as the document's effective date on the Department of State's records. | lliv |  |  |
| FOURTH: | Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.   |      |  |  |
|         | Signature:  (By a diversity president or other officer - if directors or officers have not been selected, by  |      |  |  |
|         | an incomparator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  |      |  |  |
|         | (Typed or printed name of person signing)   |      |  |  |
|         | (Typed of printed name of person signing)   |      |  |  |
|         | (Title of person signing)   |      |  |  |
|         | ( rute of berekn alknink)   |      |  |  |

Filing Fee: \$35