L14000 111696

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	841 Lurel Dr LLC CT:	841 Lurel Dr LLC				
(Name of Limited Liability Company)						
The enc	closed Articles of Dissolution and fee(s) are sub	mitted for filing.				
Please n	eturn all correspondence concerning this matter	r to the following:				
	Tarulata M Desai					
	(Name of Person)					
	841 Laurel Dr. LLC					
	(Firm/Company)					
	2267 E Winchester Pl					
	(Address)					
	Chandler, AZ 85286					
	(City	/State and Zip Code)				
For furtl	her information concerning this matter, please of	call:				
	Tarulata M Desai	401 374-2286 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	l 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:	Street Address:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability com	ipany is	
841 Lurel Dr LLC		·
2. The Articles of Organization were	filed on 7/15/2014	and assigned
document number L14000111696		
(effective date can Note: If the date inserted in this bloc	olution if not effective on the date of filir not be prior to or more than 90 days later than day k does not meet the applicable statutory filing on the Department of State's records.	te document is received for filing)
4. A description of occurrence that res 605.0707, Florida Statutes, (copy 60	sulted in the limited liability company's of 05.0707 on back cover letter).	dissolution pursuant to section
Property sold and no more property un	der LLC.	
Property sold and no more property unc	der LLC.	
Property sold and no more property und	er I.I.C.	20 350 1411
		IAN 2
5. If there are no members, enter the r	name and address of the person appointed	d to wind up the company's
activities and affairs:		
		O2
6. Signature of an authorized person cabove to wind up the company's activity	or if there are no members, the signature ities and affairs:	of the person appointed and listed
T.M.D esai	TARULATA M. DESA	
Signature I		ed Name

FILING FEE: \$25,00