

L14000147245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

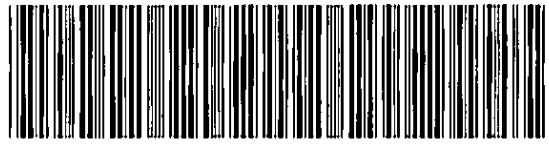
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800375788308

11 17/21--01001--018 ♦♦25.00

2021 NOV 16 AM 9:01

2021 NOV 16 PM 4:27

RECEIVED

TALLAHASSEE, FLORIDA

ALB
ART
DISC.

NOV 17 2021
ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/16 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING

DISSOLUTION _____

1. BRUBS I LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2021 FEB 16 AM 9:01

1. The name of a limited liability company is
BRUBS I LLC

2. The Articles of Organization were filed on September 19, 2014 and assigned
document number L14000147245

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The purpose for which this limited liability company was formed is no longer needed.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Margaret Maturro

14 Pleasant Ridge Road, Valhalla, NY 10595

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Margaret Maturro

Printed Name

FILING FEE: \$25.00