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COVER LETTER

то:	Registration Section Division of Corporations					
en (n. 11	FTTE FINANCE, LLC					
SUBJE	(Name of Limit	ed Liability Company)				
The en	closed Articles of Dissolution and fee(s) are submit	ted for filing.				
Please	return all correspondence concerning this matter to	the following:				
	(Nai	ne of Person)				
	FTTE FINANCE, LLC					
	(Fin	m/Company)				
	16237 CAMDEN LAKES CIR					
		(Address)				
	NAPLES, FL 34110					
	(City/Sta	ate and Zip Code)				
For fur	ther information concerning this matter, please call	:				
ANDREY TOLKACHEV		239 3008949 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	d 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 Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Tallahassee, FL 32314		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is					
2.	The Articles of Organization	were filed on 09/25/202	0a	nd assigned			
	document number L1500012	8552	_				
3.	Note: If the date inserted in the	ve date the dissolution if not effective on the date of filing: 07/15/2021 (effective date cannot be prior to or more than 90 days later than date document is received for filing) serted in this block does not meet the applicable statutory filing requirements, this date will not be nt's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit	ed liability company's disso- over letter).	lution pursuant to section	n		
	THE COMPANY IS GETTING	• •					
	THE COMPANY IS GETTING	OUT OF THE BUSINES	s		()		
	THE COMPANY IS GETTING	OUT OF THE BUSINESS	S	2021 AU	יי		
				16 1 g			
5.	If there are no members, ent activities and affairs:	er the name and address		vind up the Carripa s	ED		
		16237 CAMDEN LAKE	S CIR. NAPLES, FL 34110	ATE	·· <u>·</u>		
					- ,		
6. ab	Signature of an authorized pove to wind up the company'	erson or if there are no r s activities and affairs:	nembers, the signature of th	e person appointed and li	isted		
	— DocuSigned by:		ANDREY TOLKACHEV				
Ł	Hudry Takacher, MGK -06852ABC65FA497. Signature		Printed N	ame			

FILING FEE: \$25.00