

L22 000 378795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

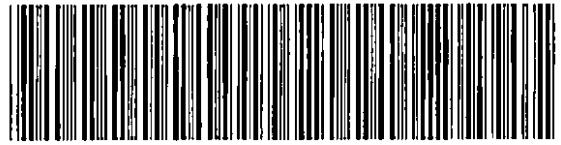
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600406887506

04/24/23--01018--019 ++25.00

2023 APR 24 AM 11:01
FILED

COVER LETTER

TO: Registration Section
Division of Corporations
ARTBNB LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MADYURI FAZE

(Name of Person)

(Firm/Company)

880 NE 71 ST

(Address)

MIAMI, FL 33138

(City/State and Zip Code)

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For further information concerning this matter, please call:

MADYURI FAZE

305

923-4039

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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

1. The name of a limited liability company is
ARTBNB LLC

2. The Articles of Organization were filed on 8/30/22 and assigned
document number L22000378795

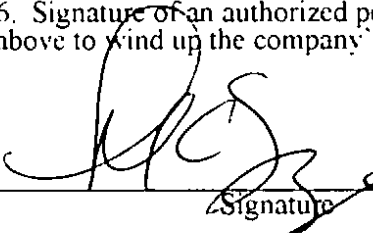
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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 BUSINESS DID NOT START.

2023 APR 21 AM 11:01
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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
MADYURI FAZE
880 NE 71 ST
MIAMI, FL 33138

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

Madyuri Faze

Printed Name

FILING FEE: \$25.00