L16000184936

(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

900380068489

01/24/22--01024--011 **25.00

FILED
2022 JAN 24 AM 6:34
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 03 2022

# COVER LETTER

**TO:** Registration Section
Division of Corporations

3395 Shipping 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:

Michel Nedeff
_____
(Name of Person)

3395 Shipping LLC
_____
(Firm/Company)

920 Coral Way
_____
(Address)

Coral Gables, FL 33134
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Michel Nedeff 786 602-2263
_____ at (_____) _____
(Name of Person) (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

FILED
2022 JAN 24 AM 6:34
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
3395 Shipping LLC

2. The Articles of Organization were filed on 03/15/2017 and assigned
document number 81-4131934 L16000184936

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).
This was a development company for one duplex building. Both units were sold so the company has no more business purpose

This was a development company for one duplex building. Both units were sold so the company has no more business purpose

This was a development company for one duplex building. Both units were sold so the company has no more business purpose

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Michel Nedeff
920 Coral, Coral Gables, FL 33134

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

Michel Nedeff
Printed Name

**FILING FEE: $25.00**