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(Re	questor's Name)			
(Add	dress)			
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(Cit	y/State/Zip/Phone #	f)		
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(Bu	siness Entity Name)		
(Document Number)				
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 3	6750 US HWY 19 N 21206, LLC						
SUBJECT.	(Name of Limited Liability Company)						
The enclosed A	articles of Dissolution and fee(s) are submitted	for filing.					
Please return al	I correspondence concerning this matter to the	e following:					
	DANIELLE PEYNADO						
	(Name of Person)						
	BRICK BUSINESS LAW, P.A.						
	(Firm/Company)						
	3413 W FLETCHER AVE						
	(Address)						
	TAMPA, FLORIDA 33618						
	(City/State and Zip Code)						
For further info	ormation concerning this matter, please call:						
DAN	IELLE PEYNADO	813 816-1816 at ()					
	(Name of Person)	(Area Code & Daytime Telephone	Number)				
Enclosed is a che	eck 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)					
Regis	ng Address: stration Section	Street Address: Registration Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
	hassee, FL 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is 36750 US HWY 19 N 21206, LLC		·
2.	The Articles of Organization were filed on	01/27/2020	and assigned
	document number L20000031631		
3.	The delayed effective date the dissolution (effective date cannot be properties). If the date inserted in this block does not listed as the document's effective date on the	ot meet the applicable statutory fi	date document is received for filling)
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707)	n the limited liability company on back cover letter).	's dissolution pursuant to section
	Upon The Occurrence Of An Event Described	In s.605.0701(2), The Consent Of	f All Members.
5.	Upon The Occurrence Of An Event Described If there are no members, enter the name ar		
	activities and affairs:		-1 2
			T I
			N 15 AM ASSEE. F
			ح و الله
6. at	Signature of an authorized person or if the pove to wind up the company's activities an	re are no members, the signatu d affairs:	re of the person appointed and isted
	W,	MARK JACOBY	
	Signature	Pr	inted Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	<u> </u>
Date of dissolution was: JULY 1, 2022	
Description of information that must be included in a written claim:	
DATE OF EVENT, NAME OF PARTIES, AMOUNT OF CLAIM; DESCRIPTION OF CLAIM	
CONTACT TELEPHONE NUMBER AND EMAIL ADDRESS	2022 JUN TALL AHA
ALL SUPPORTING DOCUMENTS FOR THE CLAIM	JUN AHIA
	SSEE SSEE
	FF
	<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	>5
36750 US HWY 19 N 21206, LLC	
C/O KEVIN BRICK, ESQ.	
BRICK BUSINESS LAW, P.A.	
3413 W FLETCHER AVE, TAMPA FLORIDA 33618	
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	ding to enforce the
MARK JACOBY	
Printed Name of the Person Filing Signature of the Person	on Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00