118000112420

(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:				
Mils				

Office Use Only



800421352798

01/08/24--01011--018 ++25.00



January 2, 2024

Registration Section Division of Corporations P.O. Box 6237 Tallahassee, FL 32314

Re: LLC Dissolution: 3 Natives Broward, LLC #L18000172240

Dear Sirs:

This letter and the attached application are to confirm the request to dissolve the above referenced LLC effective January 31, 2024. The business franchise rights where sold on April 1, 2023, to a new entity and 3 Natives Broward, LLC discontinued operations on such date.

Any questions I can be reached at 561-252-7540.

Sincerely.

Frank P. Barrella Sr. Managing Partner

COVER LETTER

• •

TO:	Registration Section Division of Corporations		
SUBJE	3 NATIVES BROWARD, LLC		
SOBAT.		ed Liability Compa	any)
The enc	closed Articles of Dissolution and fee(s) are submitte	ed for filing.	
Please r	return all correspondence concerning this matter to t	he following:	
	FRANK P. BARRELLA SR		
	(Nam	e of Person)	
	3 NATIVES BROARD, LLC		
	(Firn	ı/Company)	
	PO BOX 2455		
	JUPITER, FL 33468-2455	Address)	
	(City/Stat	e and Zip Code)	
For furt	her information concerning this matter, please call:		
	FRANK P. BARRELLA SR	561 at (252-7540
	(Name of Person)	(Area C)
Enclosed	I 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		Street Address: Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		of Tallahassee onroe Street, Suite 810 : FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a lift 3 NATVIES BRO	mited hability company is WARD, LLC			<u>_</u> .	
2. The Articles of C	Organization were filed on	07/18/2018	and assigned		
document numbe	r L18000172420				
Note: If the date	ctive date the dissolution if teffective date cannot be prid inserted in this block does no ment's effective date on the E	t meet the applicable statuto:	of filing: 01/31/2024 than date document is received for filing ry filing requirements, this date will s.	g) I not be	
4. A description of 605.0707, Florida	occurrence that resulted in Statutes, (copy 605,0707)	the limited liability componion back cover letter).	any's dissolution pursuant to sec	ction	
BUSINESS SOLD	• •				
			,	· ·	
				iri S	
5. If there are no me activities and affa	CDANT D DA	address of the person app RRELLA SR MANAGIN	pointed to wind up the company NG PARTNER	·s	
	208 MOCCASI	208 MOCCASIN TRAIL N.			
	JUPITER, FL 3	3458		<u> </u>	
 Signature of an arabove to wind up the 	uthorized person or if there e company's activities and	are no members, the sign	nature of the person appointed an	— nd listec	
RB.	ele Sc.	FRANK P BARE		·	
Si	ignature		Printed Name		

FHLING FEE: \$25.00