Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLODDWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL **NESSAMY, LLC**

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Page Count	02		
Estimated Charge	\$25.00		

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000141377 3)))

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi NESSAMY, LLC	lity company is				
2.	The Articles of Organizatio	on were filed on July 31, 2000 and assigned				
	document number L000000	09072				
3.	(effective Note: If the date inserted in	ate the dissolution if not effective on the date of filing: ective date cannot be prior to or more than 90 days later than date document is received for filing) d in this block does not meet the applicable statutory filing requirements, this date will not be 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). Consent of the Members.					
	 					
5.	If there are no members, en activities and affairs:	ter the name and address of the person appointed to wind up the con Vanessa Rayan	npany's			
		9604 Tavisiock Court				
		Orlando, FL 32827				
6. ah	Signature of an authorized pove to wind up the company	person or if there are no members, the signature of the person appoir 's activities and affairs:	ted and listed			
Doc	uSigned by:		20			
	ussa Rayan	Vanessa Rayan	2024 APR			
Aut	Signature	Printed Name FILING FEE: \$25.00				
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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: Nessamy, LLC	
	0000009072
Date of dissolution was:	
Description of information that must be included in a v	vritten claim:
Name of Claimant:	
Address of Claimant:	
Basis of Claim:	
Amount of Claim:	
Mailing address where claims can be sent: (Claims can	anot be sent to the Division of Corporations)
Orlando, FL 32827	
A claim against the above named limited liability compelaim is commenced within 4 years after the filing of the	
	DocuSigned by:
Vanessa Rayan	Valuessa Rayah
Printed Name of the Person Filing	Signature of the Person Filing