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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	"
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ECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations		
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:		
Douglas M. Seaton (Name of Person)		
Third Win, LLC (Firm/Company)	_	
150 SE 2nd Ave.	O6 AUG I	
Miami, FL 33131 (City/State and Zip Code)	06 AUG PM : 29	רוניט
For further information concerning this matter, please call:	99	
Souglas Seaton at (305) 577-3775 (Area Code & Daytime Telephone Number)	_	
Enclosed is a check for the following amount: 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (addition		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		

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Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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