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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
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IVISION OF CORPORATIONS

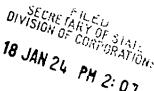
K SALY JAN 25 2018

COVER LETTER

	stration Section sion of Corporations	
SHRIECT	Olivia LLC	
	(Name of Limite	d Liability Company)
The enclosed .	Articles of Dissolution and fee(s) are submitte	rd for filing.
Please return a	nil correspondence concerning this matter to the	ne following:
	Dennis	D'Angelo
	(Name	D'Angelo e of Person)
	(Firm	(Company)
	III Dax	Terrare Roaci
		ddress)
	New Ring	1901CI, PA 17960
	(City/Stait	and Zip Code)
For further inf	formation concerning this matter, please call:	
ĵ	Donnie D'Angelo	20 C 280-8617
	(Name of Person)	at (305) 289 - 8617 (Area Code & Daytime Telephone Number)
Englocatic was	neck for the following amount:	
,	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section		Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



i.	The name of a limited liability company is Olivia LLC			
2.	The Articles of Organization were filed on October 17, 2002 and assigned			
	document number <u>L02000027550</u>			
3.	The delayed effective date the dissolution if not effective on the date of filing: December 31, 201 (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 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).			
	Consent of all members to dissolve LLC.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:			
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:			
	DENNIS P. D'AWGIELO Signature DENNIS Printed Name			

FILING FEE: \$25.00