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| Special Instructions to Filing Officer. |
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12/13/17--01010--019 **25.00

FILED 2017 DEC 13 -PH -5:53 SECIRL TARY OF STATE TALLAHASSEE, FLORIDS

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K. SALY DEC 1 4 2017



Enclosed is a check for the following amount:

X \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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|-----|--|---|--------------------------------------|
| | • | ARTICLES OF DISSOLUTION FOR | |
| | | A LIMITED LIABILITY COMPANY | FILED |
| 1. | The name of a limited liabi | lity company is - Sear LLC | LUITDEC 13 PH P |
| 2. | The Articles of Organizatio | | ALL AHASSEE, FLORIDA |
| | | 1 | |
| 3. | effective) <u>Note:</u> If the date inserted in t | the dissolution if not effective on the date of fil a date cannot be prior to or more than 90 days later than date this block does not meet the applicable statutory film trive date on the Department of State's records. | ate document is received for filing) |
| 4. | A description of occurrence 605.0707, Florida Statutes, | e that resulted in the limited liability company's (copy 605.0707 on back cover letter). | |
| | | | |
| 5. | If there are no members, en activities and affairs: | ter the name and address of the person appoint Gecald Blackby | ed to wind up the company's |
| | | | |
| 6. | Signature of an authorized | person or if there are no members, the signature npany's activities and affairs: | |
| lis | - 1 | | |
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Signature 6 SKY BLAN (& BURN) Printed Name

FILING FEE: \$25.00