## LU3000033168

	(Requestor's Name)			
	(Address)	·		
	(Address)			
	(City/State/Zip/Phone #	)		
PICK-UI	P WAIT	MAIL		
	(Business Entity Name)	)		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
(	2. SILAS			
juj	2. SILAO AY 20 2022 SI	13122		
	<u> </u>	1/2//~~		

Office Use Only



100384594901

03/29/22--01027--003 ++25.00

FILED

MAY 13 AM 9: 49

SECRETARY OF STATE



RECEIVED
2022 HAY 13 AM 7:52

April 21, 2022

DONALD MEYERS 8253 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908

SUBJECT: OBJECTIVE VIEWPOINT L.L.C.

Ref. Number: L03000033168

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00009356

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:		stration Section sion of Corporations					
SHRIF		OBJECTIVE VIEWPOINT LLC					
SODJE	(Name of Limited Liability Company)						
		Articles of Dissolution and fee(s) are submitteall correspondence concerning this matter to the					
		DONALD MEYERS					
		(Name	e of Person)				
			(Company)				
		8253 SOUTHWIND BAY CIRCLE	IIA				
	(Address) FORT MYERS FL 33908						
			and Zip Code)				
For furth	her int	formation concerning this matter, please call:					
	DON	NALD MEYERS	239 247-1705 at ( )				
		(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	l is a ch	neck for the following amount:					
	<b>i \$25</b> .0	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili OBJECTIVE VIEWPOINT LI		FILED				
2.	The Articles of Organization	were filed on	and assigned 3 AM 9: 49	9			
	document number L0300003	3168	SECRETARY OF STATE TALL AHASSEE. FL	:			
3.	Note: If the date inserted in the	ne dissolution if not effective on the date cannot be prior to or more than 90 days his block does not meet the applicable strive date on the Department of State's re-	date of filing: 06/01/2022 later than date document is received for filing) attitory filing requirements, this date will not be				
4.	<ol> <li>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).</li> </ol>						
	ALL PARTIES ARE NO LON	GER ENGAGED IN WORKINGSER	VICES HAVE BEEN CANCELLED.				
	ALL PARTIES ARE NO LONG	GER ENGAGED IN WORKINGSER  GER ENGAGED IN WORKINGSER  er the name and address of the perso  DONALD MEYERS					
		8253 SOUTHWIND BAY CIRCLE					
		FT MYERS FL 33908					
6. ab	Signature of an authorized poove to wind up the company	erson or if there are no members, the s activities and affairs:	Signature of the person appointed and list  ONNER H MLYM5	ted			
	Signature	FILING FEE: \$25.00	Printed Name				