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(Re	questor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations

many Docorating LLC (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:

Richard B Smith - (Name of Person)	
365 Wif shore Dr, Unit 2	
Destrin Flozion 31541 (City/State and Zip Code)	UI Shirean
For further information concerning this matter, please call:	in the same
Riches 8. Smith at (850) 217-3156 (Area Code & Daytime Telephone Number).	
Enclosed is a check for the following amount:	,

\$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:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability co	ompany is			
Richago B.	Smith	T. Jevin	Decration	uc.
	·		0	
2. The Articles of Organization we	re filed on		and assigne	d
	-1			
document number <u>Lo 4 00</u>	00 12576-			
3. The delayed affective date the di	esolution if not affe	active on the date of	f filing:	•
3. The delayed effective date the di (effective date o	cannot be prior to or mo	re than 90 days later that	n date document is re-	ived for filing)
A A decidade a Communica Alex		d 1: - b : 1:		avant to sostion
4. A description of occurrence that 605.0707, Florida Statutes, (copy	605.0707 on back	cover letter).	ry's dissolution pur	suant to section
t have never	Sone	ony busi	ives in -	this LLC-
	_	<u>,</u> 0		
I Am now b	5 AND	Ketico-	I HAVE	V.O
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Transition of 6	ever usi	5		
				蒙里
5. If there are no members, enter th	e name and address	of the person appo	inted to wind up th	e company2s
activities and affairs:			· ·	EO E
activities and arians.				58
				S
				
6. Signature of an authorized perso listed above to wind up the compan	n or if there are no y's activities and a	members, the signa ffairs:	ture of the person a	ppointed and
01100011				A .
Kilon & Smith		Kicharo	Line Smil	<u></u>
Signature		ŀ	Printed Name	

FILING FEE: \$25.00