Division of Corporations

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(((H160003103963)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231

: (561)650-0471

Phone

Fax Number

: (561)650-5300

LLC DISSOLUTION OR WITHDRAWAL EDNBET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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D. SCOTT DEC 2 0 2016

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited li-	ability company is	·	· · · · · · · · · · · · · · · · · · ·
. The Articles of Organiza	ation were filed on MAY 2	4, 2004 and a	asigned
document number 1.0400	00039408		
effective Moter If the date inserted	itive date cannot be prior to or m	Pective on the date of filing: here han 90 days later than date document be applicable statutory filing requirement of State's records.	of the received for filing) sents, this date will not be
A description of occurre 605.0707, Florida Statute SALE OF BUSINESS	noe that resulted in the limes, (copy 605.0707 on back	nited liability company's dissolution cover letter).	on pursuant to section
			- S - 5
If there are no members,	enter the name and address	s of the person appointed to wind	l up the company's,
activities and affairs:	CYNTHIA L. CULLE	n, trustbe	
	133 MOOINLEY ALL	34	19 L
	NEWTOWN, PA 1894	0	TEST S
			200 × 30
Signature of an authorize sted above to wind up the	ed person or if there are no company's activities and s	members, the signature of the pe	rson appointed and
Denthea 6	1. Tullen	CYNTHIA L. CULLEN	
. Signature		Printed Name	

FILING FEB: \$25.00

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limite	d Liability Company: KORBET	, LLC	
Document numb	per of Limited Liability Company is:_	L04000039408	
Date of dissoluti	ion was: DECEMBER /9 , 2016		
Description of is	nformation that must be included in a v	vritten claim;	
NAME, ADDR	ESS AND PHONE BUMBER OF CL	ALMANT; DATE, AMOUNT AND PURPOSE OF	CLAIH.
12/19	12016		
EDUB	CT LIC 5435	S. Hwy AIK # 304	
	MElba	S. Hwy AIR # 304 rune Beach, Fr 32951	
	of business		
	·	TALL	6
Mailing address	where claims can be sent: (Claims can	mot be sent to the Division of Corporations)	图門
	CYMTHIA L. CULLEN, TRUSTE	IB CONTRACTOR	EILE FILE
	133 MEGINLEY ALLEY	Me.	
	HEUTOWN, PA 18940		Ç
		AGIS	30
	the above named limited liability com hin 4 years after the filing of this notice	pany will be barred unless a proceeding to enforce e.	the claim is
•			
CYNTHIA L.	CULLEN, TRUSTER	Dinollin IC	70.
	Printed Name of the Person Filing	Signature of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00