## L04000051831

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	J. HORI	_			

Office Use Only



300429165583

05/06/24--01028--012 \*\*25.00

024MAY-6 PHI2: 07

## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
SUBJECT: 5681	BIVISION, DRC					
(Name of I	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:						
rease return an correspondence concerning this matter to the following.						
RALPH (	SARRAMONE					
	(Name of Person)					
(Name of retson)						
5681 BIVISION LLC (Firm/Company)						
(Firm/Company)						
12998 S: CLEVELAND AVE.						
12998 S: CCGOGLAND AUG.						
	(Address)					
FORT MYER	s, FL 33907					
FORT MYERS, FL 33907 (City/State and Zip Code)						
For further information concerning this matter, please	e call:					
RALPIJ GARRAMONE at (239) 823-5110  (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person)	(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:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810					
	Tallahassee, FL 32303					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES	S OF DISSOLUTION FOR		
	A LIMITED I	LIABILITY COMPANY		2024 F/1
The name of a timited link	ilin aamaan, ia			2024 MAY 6 P.
The name of a limited liab			••	i is in the
	3681 DI	VISION, LLC		<del>`</del>
The Articles of Organization	on were filed on	8/4/2004	and assigned	
document number <u>LOG</u>	1000057	837		
(cirectiv	this block does not	not effective on the date of fi to or more than 90 days later than o meet the applicable statutory fil partment of State's records.	date document is receive	ca ioi iiiiig)
. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the (copy 605.0707 or	he limited liability company n back cover letter).	s dissolution pursua	ant to section
	ASSET	SOLB		
If there are no members, enactivities and affairs:		address of the person appoint		ompany's
	1299	8 S. CLEVE	-WAND A	VE
	FT.	MYERS, FE	- 3390	>7
Signature of an authorized bove to wind up the company	person or if there a	are no members, the signatur	e of the person appo	ointed and liste
Zalph Com	umini	RALPH	GARRA	MONICE
Signature			nted Name	, , , , , , ,

FILING FEE: \$25.00