104000010937

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE JUL 15 2024 |
| J. HORNE |

Office Use Only



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COVER LETTER

| Division of Corporations\ |
|--|
| SUBJECT: UNAPRE TASTALL CCC |
| (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: |
| (Name of Person) |
| (Firm/Company) (Address) (City/State and Zip Code) |
| For further information concerning this matter, please call: (A) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B |
| (Name of Person) / (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee and Certificate of Dissolution El \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |
| |

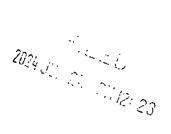
Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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



| Ι. | The name of a limited liability company is 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|----------|--|
| 2. | The Articles of Organization were filed on $9-17-04$ and assigned |
| | document number <u>L0400060937</u> |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 4, | 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). |
| | Setired |
| | |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs (|
| | G421 Sandelow DS |
| | LAKel And , I & 35\$10 |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| | Laster Sylholes Chaples DolAnes |
| _ | Signature Printed Name |
| | FILING F.E. 343,00 |