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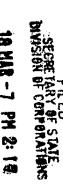
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600309987066

03/07/18--01015--013 **25.00



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Platinum Road LLC	·
2. The Articles of Organization were filed on \\\\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\	and assigned
document number <u>LOSOOOOO 3253</u>	
3. The delayed effective date the dissolution if not effective on the date of fili (effective date cannot be prior to or more than 90 days later than da Note: If the date inserted in this block does not meet the applicable statutory filin listed as the document's effective date on the Department of State's records.	ing: 4/01/-18 te document is received for filing) g requirements, this date will not be
4. A description of occurrence that resulted in the limited liability company's 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	dissolution pursuant to section
	owned
no loge reded	
	5 5g
	3 000
5. If there are no members, enter the name and address of the person appointe activities and affairs:	d to wind up the company
Michael MMc-	thesen m
P.O. Box 1045	
Mt. Don FL	32756.
6. Signature of an authorized person or if there are no members, the signature listed above to wind up the company's activities and affairs:	
Michael Signature Michael Print	M Mathes on ted Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Platinum Road 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:		
Michael M matheson (Name of Person)		
(Name of Person)		
Plating Road LLC (Firm/Company)		
(Firm/Company)		
P.O. Box 1045		
P.O. Box 1045 (Address)		
My. Dom 1=L 32756		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Marheson at (352) 205 3859 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$\sqrt{25.00}\$ Filing Fee and Certificate of Dissolution \$\sqrt{355.00}\$ Filing Fee, Certificate of Dissolution \$\ddot{\text{\$\color{c}}}\$		
Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301