## LU500000 4317

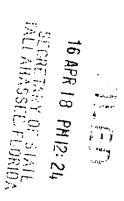
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

(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:

A	ndrew	Her	5Kowit	7
		(Name of Pers	on)	
		(Firm/Compar		
		(i inii Compai	(6)	
1450	Madrug	a Aug	Softe:	<del>209</del>
	~	(Address)		·
COPAL	GABLES,	FL 3	3146	
	(Ci	ty/State and Zip	Code)	

For further information concerning this matter, please call:

Annew Herslaust at (305) 467-1722

(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:**

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 company is
MACHI, LLC
2. The Articles of Organization were filed on Oille and assigned
document number LOS 00004317
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).
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5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Andrew Hersilous ? +2
1450 madrica are #289
Coral Gasles, FC 33146
· · · · · · · · · · · · · · · · · · ·
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Mor Andrew Herslaustz
Signature Printed Name

**FILING FEE: \$25.00**