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(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	.
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COVER LETTER.

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Div	ision of Corporations		
SUBJECT:	Trusted LLC		
SOBJECT.	(Name of Limite	ed Liability Compan	y)
The enclosed	d Articles of Dissolution and fee(s) are submitt	ed for filing.	
Please return	all correspondence concerning this matter to	the following:	
	Adloses		
	Art Lance		
	(Nan	ne of Person)	
(Firm/Company) 3551 Ridgeland ct (Address)			
	Punta Gorda, Florida 33982		•
	(City/Sta	te and Zip Code)	
For further in	nformation concerning this matter, please call:		
Ar —	t Lance	941 at (740-7401)
	(Name of Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a	check for the following amount:		
\$25	.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & opy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section		EET/COURIER ADDRESS: stration Section
	Division of Corporations	_	ion of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Trusted LLC
2.	The Articles of Organization were filed on 06/26/2006 and assigned
	document number 20-2716374
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)
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).
	Closed Business
	•
_	
3.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
\	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Art Lance
	FILING FEE: \$25.00