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



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COVER LETTER

то:	Registration Section Division of Corporations			
/ 	McDowell Enterprises, LLC			
SUBJE	CT:(Name of Limited Li	ability Compan	y)	
	dosed Articles of Dissolution and fee(s) are submitted for			
Please	eturn all correspondence concerning this matter to the fo	mowing.		
Lynne M. Barrett				
(Name of Person)				
McDowell Enterprises, LLC				
(Firm/Company)				
	2223 Ellicott Drive			
	(Address)			
	Tallahassee, FL 32308			
	(City/State an	d Zip Code)		
For fu	her information concerning this matter, please call:			
	Lynne M. Barrett	850	339-5460	
	(Name of Person)	(Area C	ode & Daytime Telephone Number)	
Enclos	d 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:		EET/COURIER ADDRESS:	
	Registration Section Division of Corporations		istration Section sion of Corporations	
	P.O. Box 6327	Clift	on Building Executive Center Circle	
	Tallahassee, FL 32314		ahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is McDowell Enterprises, LLC
2.	The Articles of Organization were filed on and assigned
	document number
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).
	100% of the members of McDowell Enterprises, LLC, decided by unanimous consent to dissolve this entity.
5	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6	. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:
	Lynne M. Barrett Printed Name
	Signature

FILING FEE: \$25.00