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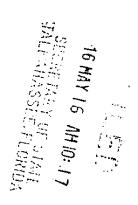
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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05/16/16--01015--010 **25.00



MAY 17 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 3636 INVESTME	WTS LLC			
	mited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are subr	nitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Trevor Re	enick			
(Name of Person)				
	Firm/Company)			
6850 SW /	19 " Street			
	(Addiess)			
MAMI, FL	3 3 1 5 6 (State and Zip Code)			
(City/	State and Zip Code)			
For further information concerning this matter, please ca	all:			
Truor Reseich	at () 4956 & 24 (Area Code & Daytime Telephone Number)			
(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:	STREET/COURIER ADDRESS:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	ty company is		
3636 /r	ovistments	LLC	·
2. The Articles of Organization	were filed on	24,05	and assigned
document number 4650	00063282		
3. The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date the second se	late cannot be prior to or mor is block does not meet the	e than 90 days later than date applicable statutory filing	ng:e document is received for filing) requirements, this date will not be
4. A description of occurrence of 605.0707, Florida Statutes, (c	that resulted in the limit copy 605.0707 on back of	ed liability company's cover letter).	dissolution pursuant to section
PROPER	rty was	SOLD	
5. If there are no members, enter	er the name and address	of the person appointed	I to wind up the company 3
activities and affairs:	IREVOR	MESNICH	
	6820 3	W 119 4 Sty	206
	M/AM!	RESNICK W 119 H ST FL 33156	H 10: 1
			See 19
6. Signature of an authorized polisted above to wind up the com	erson or if there are no n pany's activities and aff	nembers, the signature (of the person appointed and
Mont		Trever Res	n rick
Signature			ed Name

FILING FEE: \$25.00