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(Requestor's Name)	
(Address)	
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(Audiess)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 143 Washing (Name of Limited	Giability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the			
Please return an correspondence concerning this matter to the	c ronowing.		
armand Ko	of Person)		
143 Washington	1 LLC Company)		
213 Sono	ata CourT		
East Port City/State	- and Zip Code)		
For further information concerning this matter, please call:			
Catherine Shiff (Name of Person)	at (516) 567-8945 (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)		3.5 3.4 9.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	PN 12: 19	SKOLLYND HOS A OL STATE A OL STATE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
143 Washington LL	C
2. The Articles of Organization were filed on Quy.	and assigned
document number <u>L0500081057</u>	
3. The delayed effective date the dissolution if not effective (effective date cannot be prior to or more than Note: If the date inserted in this block does not meet the appl listed as the document's effective date on the Department of S	icable statutory filing requirements, this date will not be
 A description of occurrence that resulted in the limited lie 605.0707, Florida Statutes, (copy 605.0707 on back cover 	ability company's dissolution pursuant to section r letter).
No physical assets	CEMAIN
5. If there are no members, enter the name and address of the	no person appointed to wind up the company's
activities and affairs:	ic person appointed to wind up the company of the c
armand	
213 Sonata	a Court 19 Pr
East PORT,	NY 11941 - 3 55 55
Signature of an authorized person or if there are no mem above to wind up the company's activities and affairs:	bers, the signature of the person appointed and listed
Signature	Catherine SMIFF Printed Name

FILING FEE: \$25.00