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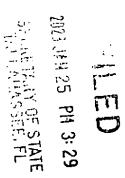
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COVER LETTER

TO: ** Registration Section Division of Corporations				
SUBJECT: Daylas KAHANE LCC (Name of Limited Liability Company)				
(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:				
Douglas Kahane (Name of Person)				
(Name of Person)				
Douglas Kahane CCC (Firm/Company)				
(Firm/Company)				
5 CARL CT (Address)				
BRANY BILLS PLA 34965 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Douglas (Cahare at (\$352) 746 1718 (Name of Person) (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 \$\Begin{align*} \pm \\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \end{align*}				
Certified Copy (additional copy is enclosed)				

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1 . Fe ...

2023 JAH 25 PM 3: 29

۱.	The name of a limited liability company is DougLAS KOHANELLC	SECRETARY OF STATE TALLAHASSEE, FL				
2.	The Articles of Organization were filed on $\frac{3}{2006}$	and assigned				
	document number <u>L 66000000</u> 209					
3.		date the dissolution if not effective on the date of filing: 1222023 fective date cannot be prior to or more than 90 days later than date document is received for filing) ed in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.				
4.	A description of occurrence that resulted in the limited liability company's 605.0707, Florida Statutes. (copy 605.0707 on back cover letter). **Ref Company's Compan					
		-				
5.	If there are no members, enter the name and address of the person appointed					
	activities and affairs: Douglas Kalawis					
6. ab	Signature of an authorized person or if there are no members, the signature ove to wind up the company's activities and affairs:	of the person appointed and listed				
72	aufur Hahare Douglas Signature Print	Malant-				

FILING FEE: \$25.00