

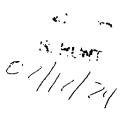
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			





02/12/24--01021--020 **85.00





COVER LETTER

Division of Corporations				
SUBJECT: ANNTOM DEVELOPMENT (Name of Limited	LLC Liability Company)			
(Name of Limite)	Thatmiy Company)			
The enclosed Articles of Dissolution and fee(s) are submittee Please return all correspondence concerning this matter to the				
Richard BAJESSAN	of Person)			
ANNTOM DEVELOPMENT /2C				
P.O. Box S[033]	ddress)			
FT- LAUDENDALE, FC	33355 = = = = = = = = = = = = = = = = =			
For further information concerning this matter, please call:				
RICHARD BALESSANOIW (Name of Person)	at (95 Y) 29 2 - 1966 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
S25.00 Filing Fee and Certificate of Dissolution \$ 3500 Pictus Lny Sout	 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia	bility company is			
ANNTOM DEVE	lopment LLC			·
2. The Articles of Organiza	tion were filed on <u>02</u> /	101/2006	and assigned	
document number <u>Lo</u>	6000011385			
	te the dissolution if not e tive date cannot be prior to or in this block does not meet fective date on the Departi	the applicable statutory	filing: <u>62/04/20</u> in date document is receive filing requirements, th	524 red for filing) is date will not be
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in the lins, (copy 605,0707 on bac	mited liability compan	y's dissolution pursu	ant to section
BUSINESS C				
	1			····
				<u> </u>
			•	Na.
5. If there are no members, activities and affairs:		-	·	
5. If there are no members.	enter the name and addr	ess of the person appo	inted to wind up the	company's
activities and affairs:	R. C. San NI	Verannon	•	, ,
activities and artairs.	·irchaics of	1.04 W 1.14 D 1.40		••
			<u> </u>	
				
•				
6. Signature of an authorize above to wind up the compa	ed person or if there are r any's activities and affair	o members, the signat	ure of the person app	pointed and listed
Jalier Williams		Richard F	ン <i>Nにいる</i> かのほと	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	<u></u>
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written claim:	
	٠.
· · · · · · · · · · · · · · · · · · ·	
A claim against the above named limited liability company will be ba claim is commenced within 4 years after the filing of this notice.	
Printed Name of the Person Filing	Signature of the Person Filing