6 0000 27964 4 (Requestor's Name) (Address) 700326850787 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 03/27/19--01009--005 ++25.00 (Business Entity Name) (Document Number) ł Certified Copies _ Certificates of Status 2019 MAR 27 PH 4: 58 Special Instructions to Filing Officer:

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Office Use Only



The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick K.O. Jannor ame of Person) (Firm/Company) 19542 LOST (REEK DRIVE (Address) FORT Mypes FL. 33967 (City/State and Zip Code)

For further information concerning this matter, please call:

Redrick K.U. (Name of P $\frac{11}{(Area Code & Daytime Telephone Number)}$ $\frac{11}{(Area Code & Daytime Telephone Number)}$ $\frac{11}{(Area Code & Daytime Telephone Number)}$

Enclosed is a check for the following amount:

X \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 -

FILED FILED 2019 HAR 27 PM 4: 58 1. The name of a limited liability company is

ZNESPMENT. 96 JAN. and assigned 2. The Articles of Organization were filed on 964 060000 2 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).

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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 listed above to wind up the company's activities and affairs:

Signature

Printed Name

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FILING FEE: \$25.00