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| (Re | equestor's Name) | | | |
|---|---------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| . (20 | : | | | |
| Certified Copies | : _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Co | | | |
|-----------------------------|---|---|--|
| SUBJECT: | SEVERIA (Name of L | JE UNLIMITED imited Liability Company) | ILC |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| •••• | DAVID | Name of Person) | <u></u> |
| | SEVERINE | (Firm/Company) | LC Zig |
| | 607 N | . JEFFERSON AV | المالية المسترات المس |
| | | | SEE OF T |
| | SARAST | M, FL 34237 | E.F.LO |
| • | (City | y/State and Zip Code) | |
| For further information | concerning this matter, please | call: | i Sie. O |
| | (Name of Person) | at ()(Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | N = A = A = A |
|---|--|
| SEVERINE U | NLIMITED, LLC |
| 2. The Articles of Organization were filed on | , |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of | ited liability company's dissolution pursuant to section |
| , | ND MEMBERS |
| · | |
| | |
| | |
| 5. CHECK ONE: | |
| -OR- | satisfaction of any judgment, order or decree which may be |
| | f membership interests necessary to approve the dissolution: |
| Signature/ | Printed Name |
| Half Harrylon | DAVID A. HARRINGTON |
| | |
| I | |
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FILING FEE: \$25.00