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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FIORINA

јвјест:	FERNANDIM	MANAIC SERV ited Liability Company)	16 ES . LLG
BJECI.	(Name of Lim	ited Liability Company)	
	icles of Dissolution and fee(s) are subn	nitted for filing.	
The enclosed Art	correspondence concerning this matter	to the following:	
Please return an c			
	HNDROW	Vame of Person)	
	(vaine of reison)	
	. (Firm/Company)	
		-1 20	
		(Address)	
•	EERMAN	PINA FL 3	2034
	(City	/State and Zip Code)	
For further info	rmation concerning this matter, please	call:	
POI further into		86) /350	1997061
	ANDROW CIPPE (Name of Person)	(Area Code & Daytim	e Telephone Number)
	eck for the following amount:		
Enclosed is a ch		\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee. Certificate of Status &
JA 1922.00 1 111118	Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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	AND ADDRESS	STREET/CO	URIER ADDRESS:
	MAILING ADDRESS: Registration Section	Registration S Division of Co	ection
	Division of Corporations P.O. Box 6327	Clifton Buildi	ng
	Tallahassee, FL 32314	2661 Executiv Tallahassee, F	re Center Circle L 32301
		DISSOLUTION	
	F	DISSOLUTION OR SILITY COMPANY	
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FILING FEE: \$25.00

COVER LETTER

	ation Section on of Corporations		
SUBJECT:	FERWAND IM (Name of Lin	A MANAGE SERV nited Liability Company)	VICES LLG
The enclosed Ar	rticles of Dissolution and fee(s) are subn	nitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	ANDRON	ame of Person)	
	. (F	irm/Company)	····
	1417 SAOL	(Address)	
	EN MIM (City/s	(Address) MA F C 3 State and Zip Code)	2034
For further infor	mation concerning this matter, please ca	all:	
	ANDROW CIPTA (Name of Person)	at (_\$6) _/3.00/ (Area Code & Daytime	79706 Telephone Number)
Enclosed is a chec	k for the following amount:		
\$25.00 Filing F	ee 30.00 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:	STREET/COU	RIER ADDRESS:
	Registration Section	Registration Sec	
	Division of Corporations	Division of Corp	
	P.O. Box 6327	Clifton Building	•

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability FERMMIM	•	5 1 1.C
2. The Articles of Organization w	ere filed on $\frac{8/2}{2000}$	•
1 06 0000 333	<u>o</u> .	
3. The date the dissolution was ap	proved: 1 APMC 2017	
4. A description of occurrence tha 608.441, Florida Statutes, (copy	t resulted in the limited liability compay 608.441 on back cover letter).	
·		
<u> </u>		
5. CHECK ONE:		
All debts, obligations a	and liabilities of the limited liability co	mpany have been paid or discharged.
OR- Adequate provision ha	s been made for the debts, obligations	and liabilities pursuant to s. 608.4421.
 All remaining property and assorights and interests. 	ets have been distributed among its me	embers in accordance with their respective
7. CHECK ONE:		
There are no suits pend	ling against the company in any court.	
-OR- Adequate provision has entered against it in any	s been made for the satisfaction of any pending suit.	judgment, order or decree which may be
natures of the members having the	e same nercentage of membership inte	rests necessary to approve the dissolution:
-	, same percentage of memoership inter	
Signature	\	Printed Name
Intu Hors	_	A MOROW V. LIPMAN
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