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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

TQ:

Registration Section

Tallahassee, FL 32314

| Division of Corporations | · · · · · · · · · · · · · · · · · · · |
|--|--|
| SUBJECT: The LAW Offices of Limited | F Susan L. FATA Liability Company) |
| (Allie of Differen | · |
| The enclosed Articles of Dissolution and fee(s) are submittee | f for filing. |
| Please return all correspondence concerning this matter to the | e following: |
| Susan L FA | of Person) |
| The Law Offices | Company) |
| 1100 montezuma | Drive Idress) |
| Bradenton FL (City/State | 34209 and Zip Code) |
| For further information concerning this matter, please call: | |
| Susan L FAra (Name of Person) | at (941) 350-807 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| Check for \$35,00 previous | S55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) Submitted, |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| • | 0 0 1 010 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



December 17, 2020

SUSAN L. FARA 1100 MONTEZUMA DR BRADENTON, FL 34209

SUBJECT: LAW OFFICES OF SUSAN L. FARA, P.L.

Ref. Number: L06000097465

We have received your document for LAW OFFICES OF SUSAN L. FARA, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00025625

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited lia | ability company is | L 1 | • | |
|---|---|--|------------------------------------|---------------|
| | of S | iusan L. Far | 13- | e e e |
| 2. The Articles of Organiza | ntion were filed on O | clober 4, 200 | and assigned . | |
| document number | 06000097 | 462 | | • |
| Note: If the date inserted | ctive date cannot be prior to or | more than 90 days later than date t the applicable statutory filing | : document is received for filing) | not be |
| 4. A description of occurre 605.0707, Florida Statute | es, (copy 605.0707 on ba | mited liability company's ock cover letter). | | ion - |
| 5. If there are no members. activities and affairs: | enter the name and addr | ress of the person appointed | | • - - |
| 6. Signature of an authorize above to wind up the compa | ed person or if there are any's activities and affai | no members, the signature ors: | of the person appointed and | - I listed |
| NI | A | NA | - | _ |
| Signature | e | Printe | ed Name | - |

FILING FEE: \$25.00