L07000002392

(Requestor's Name)	
(Address)	
(Address)	
(100.000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ROYAL DREAM LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DAN HUFFMAN (Name of Person)		
(Name of Person)		
(Firm/Company)		
1700 IV. A+LANTIC AVE. # 231		
COCOA BEACH, FL. 32931 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Person) at	(<u>407</u>) 222-2554 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	eet Address: egistration Section	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2021 JAN -4 AM 7: 28 1. The name of a limited liability company is 2. The Articles of Organization were filed on 7000002392 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). 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: 1700 N. AJLANIC AK. 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:

FILING FEE: \$25.00