## LO MOODAN

(Re	equestor's Name)		
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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BRUC!

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:(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:			
Bety Reiser Grule Managing (Name of Person) Wember			
(Firm/Company)			
237 Stella Rd (Address)			
George town The 32139 (City/State and Zip Code)			
For further information concerning this matter, please call:    Compared to the following amount:   Section   Continue to the following amount:   Section   Continue to the following amount:   Continue to the fo			
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 of	ompany is	
1678,1	LC	,
) •	2-05	12
2. The Articles of Organization were	re filed on	and assigned
document number 157	<u>0000 30</u> 028	(lapsed+ve assigned viot suve of date
(effective date on <u>Note:</u> If the date inserted in this bl	ssolution if not effective on the date of cannot be prior to or more than 90 days later than ock does not meet the applicable statutory filate on the Department of State's records.	date document is received for filing)
4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited liability company 605.0707 on back cover letter).	's dissolution pursuant to section
the last asse	t of the UC we	s sold in 2015.
5. If there are no members, enter the	e name and address of the person appoir	nted to wind up the company's
activities and affairs:	Betay Kaser	
	237 Stella Rd	
_(	seovgetown -	FL
	33128	
6. Signature of an authorized person listed above to wind up the company	n or if there are no members, the signatury's activities and affairs:	tre of the person appointed and
DO Voice	Ba=	
Signature		inted Name
	FILING FEE: \$25.00	F STA
t	I IMANG E MAGIUV	