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(Requestor's Name)
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1 ALIST TON

COVER LETTER

SUBJECT: MEGA FLOWERS N	litary LLC
(Name of Limited 1	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted (for filing.
Please return all correspondence concerning this matter to the	following:
trees to the man correspondence concerning this matter to the	ionowing.
LOBERT YANK	oulsik i
(Name of	Person)
MEGA FLOWERS	MiAnni
(Firm/Co	ompany)
3250 GRAND AU	E Suite 1
(Add	ress)
0	
Coconut growe (City/State an	TC 33133
/ (City/State an	id Zip Code)
For further information concerning this matter, please call:	:
ROBERT VANKOWSK	305,301.4703
(Name of Person)	(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 Conv (additional conv is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

			2019.
	ARTICLES OF DISSOI	LUTION	2019.
A 1	FOR LIMITED LIABILITY (COMPANY	- 10 P
The name of a limited liability of	ompany is		1.
	ERS MIAM	i iic	 • .
The Articles of Organization we	re filed on <u>0 6/15</u>	12007 and	assigned
document number _L07	200063443		
The delayed effective date the d (effective date Note: If the date inserted in this b listed as the document's effective	tock does not more me approve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ent is acceived for filing) ments, this date will not be
A description of occurrence that 605.0707, Florida Statutes, (cop	resulted in the limited liabi 605.0707 on back cover le	lity company's dissolut tter)	tion pursuant to section
CL	25ED 5H	<u>ن ک</u>	
If there are no members, enter t	ne name and address of the p	person appointed to wir	nd up the company's
activities and affairs:			
activities and attairs.			
	·		
			
			
Signature of an authorized pers	on or if there are no member ny's activities and affairs:	rs, the signature of the	person appointed and
		2	
//	-	300T YA	Named :
/ Jr		Printed Nan	ne ju
Signature	BY 875 6	200	
• /	FILING FEE: \$2	\$5.UU	