### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SCHUTT LAW FIRM, P.A.

Account Number : I20040000017 Phone : (239)540-7007

Fax Number : (239)791-1080

## LLC DISSOLUTION OR WITHDRAWAL MENATECH, LLC

Certificate of Status		0
Certified Copy		1
Page Count	; <u>}</u>	02
Estimated Charge		\$55.00

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# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  MENATECH, LLC					
	MENATECH, LLC			•	
2.	The Articles of Organization	were filed on 11/26/20	007	and assigned	
	document number L0700011	7651	<del></del>		
3.		date cannot be prior to ear it his block does not it act al	he applicable statutory filing	ng: March 1, 2018 e document is received for filing) requirements, this date will no	ot be
	A description of occurrence 605.0707, Florida Statutes, (of Decision by the sole member to	copy 605,0707 on back	nited liability company's k cover letter).	dissolution pursuant to secti	on
5.	If there are no members, entractivities and affairs:	er the name and addres	ss of the person appointed	l to wind up the company's	
	activities and arians.			7	<b>18</b>
				The Table	EB 28
					<b>≱</b>
6. lis	Signature of an authorized p ted above to wind up the con	erson or if there are no pany's activities and a	o members, the signature affairs:	20, 300	ထ္ သ
	Morring 1. Mar Signature	my mis	Zakaria A. Ghalayini		
/ Signature		Printe	ed Name		

FILING FEE: \$25.00 -

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### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

Zakaria Ghalayini

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

name of Elimited Liabilit	ly Company:			
Document number of Lin	nited Liability Company is:			
Date of dissolution was:	March 1, 2018			
	on that must be included in a written claim:			
Name and Address of Creditor				
Name of Address of	any prior Creditor if the account was sold or transferred			
Amount of Claim				
All Statements and Ir	nvoices supporting the amount of the Claim			
	_			
	\$7. · · · · · · · · · · · · · · · · · · ·			
Mailing address where cl	aims can be sent: (Claims cannot be sent to the Division of Corporations)			
Darrin R. Sch	utt, Esq.			
12601 New Br	ittany Boulevard			
Fort Myers, Fl	orida 33907			

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00