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COVER LETTER

Division of Corporations					
SUBJECT: ADVENTURE FAMILY 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:					
NAINAN DESAI					
(Name of Person)					
ADVENTURE FAMILY LLC.					
(Firm/Company)					
320 DEBUEL RD					
(Address)					
LUTZ, FL 33549					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
NAINAN DESAI at 8(3) 245 - 8417 (Name of Person) (Area Code & Daytime Telephone Number)					
(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 Copy (additional copy is enclosed)					
MAILING ADDRESS: STREET/COURIER ADDRESS:					

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

TO:

Registration Section

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 ADVENTU	y company is LIZE FAMIL	LLC	·	
2. The Articles of Organization	were filed on DFC	7,2012 an	d assigned	
document number	700012370	4		
3. The delayed effective date the (effective days). Note: If the date inserted in this listed as the document's effective days.	is block does not meet the appl	icable statutory filing requir	nent is received for filing) rements, this date will not be	
4. A description of occurrence the 605.0707, Florida Statutes, (co	hat resulted in the limited lippy 605.0707 on back cover	ability company's dissoleter).	ution pursuant to section	
			ng members	
	•	, ,	he LLC as n	
longer need	ied. This was	s approved	by all men.	bers
on Novembor	(20,2017. N	ainan Desa	ai was abooi	nted
on November to wind up to 5. If there are no members, ente	r the name and address of the	achvitles are person appointed to w	ind up the company's	
activities and affairs:	Nainan	Desai		
	320 Del	suel Rd	7,001 27	
	Luz, F	·L 33549	-7:	TO
			10: 22	
6. Signature of an authorized pe listed above to wind up the comp	rson or if there are no membrany's activities and affairs:	bers, the signature of the	person appointed and	
San Cis	<u>~</u>	NAINAN	DESAI	
Signature		Printed Name		

FILING FEE: \$25.00