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## **COVER LETTER**

	ation Section n of Corporations
SUBJECT:	OLSZEWSKT UC (Name of Limited Liability Company)
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
-	JAKE OLSZEWSKI  (Name of Person)  OISZEWSKI  (Firm/Company)  IZS A PEARY COURT  (Address)  KEY WEST FL. 33040  (City/State and Zip Code)
For further infor	mation concerning this matter, please call:
<u>)</u>	AKE OLSZEWSKT at (So3) 961 4793 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

<b>LO 800 C</b> 3. The date the <b>c</b>	dissolution was approved of occurrence that resida Statutes, (copy 608)	7		ation pursuant in section
5. CHECK ON		iakilisiaa afsha limitad	lickilier common bare	haan naid an disaharaa
r -OR⋅				been paid or discharged es pursuant to s. 608.442
	property and assets harests.	ave been distributed an	_	cordance with their resp
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