## 109000001624

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Duningan Freihr Name)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| ,                                       |
| :                                       |
|   |
|   |
| }                                       |
|   |
|   |
|   |
|   |

Office Use Only



300340189833

81/81/20--01012--012 \*\*85,08

20 FEB -5 ANIII: 09

FED 29 2001

## **COVER LETTER**

| TO: Registration Section Division of Corporations            | •   |  |  |  |  |
|--|---|--|--|--|--|
| SUBJECT: MAVICT  | ta Street, UC   |  |  |  |  |
| (Name of Limite  | ed Liability Company)   |  |  |  |  |
| The enclosed Articles of Dissolution and fee(s) are submitt  | ed for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to t | the following:  |  |  |  |  |
| Sean At  | nmed  |  |  |  |  |
| (Nam   | ie of Person)   |  |  |  |  |
|  |   |  |  |  |  |
| (Firm  | n/Company)  |  |  |  |  |
| 1040 John  | Anderson Dr.  |  |  |  |  |
| Ormond Br  | Cach, FL 32176  le and Zip Code)  |  |  |  |  |
| For further information concerning this matter, please call: |   |  |  |  |  |
| Sean Ahmed   | ar, 384, 295-4465   |  |  |  |  |
| (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 Address:   |  |  |  |  |
| Registration Section   | Registration Section  |  |  |  |  |
| Division of Corporations P.O. Box 6327                       | Division of Corporations The Centre of Tallahassee  |  |  |  |  |
| Tallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810  |  |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability  | v company is WICHA                         | Street,               | 110             |                   | · · · · · · · · · · · · · · · · · · · | <del></del> ,              |         |
|---|--|-----------------------|-----------------|-------------------|---------------------------------------|----------------------------|---------|
| 2. The Articles of Organization   | were filed on                              | 21312                 | 020             | and assign        | ed                                    |                            |         |
| document number <u>L09</u>  | 00000166                                   | 24                    |                 |                   |                                       |                            |         |
| 3. The delayed effective date the (effective da Note: If the date inserted in this listed as the document's effective | s block does not mee                       | t the applicable s    | tatutory filing | COCCURRENT IS THE | CIVED IOI II                          |                            | l be    |
| 4. A description of occurrence the 605.0707, Florida Statutes, (co  |  |                       |                 | issolution pur    | suant to                              | section                    | 1       |
| <u>Underlying</u>   | asset c                                    | f UC                  | was             | Sold              |                                       | 20 F                       |         |
|   |  | <del>_</del>          |                 |                   | <u> </u>                              | <del>.</del> 83            | <u></u> |
|   |  |                       |                 |                   | - 17<br>1                             | .;i<br>.≽-                 | Ti      |
|   |  |                       |                 |                   | 2 Z                                   | <u>∓</u><br>I:<br><u>∩</u> | J       |
| 5. If there are no members, enter activities and affairs:   | the name and addr                          | Λι'                   | on appointed    | to wind up th     | e compar                              | ıy's                       |         |
| -   | 1040                                       | ) Johr                | And             | CKSOX             | D.                                    |                            |         |
| -   | <u> </u>                                   | ional B               | each.           | FL 3              | 2176                                  | )                          |         |
| _   | ····                                       |                       | ·               |                   |                                       |                            |         |
| 6. Signature of an authorized per above to wind up the company's  | son or if there are ractivities and affair | no members, the<br>s: | e signature of  | f the person a    | ppointed                              | and lis                    | sted    |
| 2/1/  |  | Sean                  | KF              | hm ea             | /                                     |                            |         |
| Signature   |  |                       | Printed         | l Name            |                                       | —                          |         |

FILING FEE: \$25.00