## L10000043702

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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Special Instructions to Filing Officer:				
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DEFASTMENT OF STATES
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

RECEIVED

11 JAN 20 PM 3: 22

SECRETARY OF STATE
DIVISION OF CORPORATIONS

N. Cuttigan JAN 202010

## COVER LETTER

Division of Corporations					
		<u>d Par</u>			
Name of L	imited	l Liabil	lity C	ompany	
D 01 14 1					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office (	Change	and t	fee(s) are submitted for filing.	
· · · · · · · · · · · · · · · · · · ·					
Please return all correspondence concerning this matter to the following:					
Luther Leonard Pararo, IV					
Name of Person			<del></del>		
Pi (O					
Firm/Company					
2104 W. Randolph Circle					
Address					
Tallahassee, FL 32308					
City/State and Zip Code			_		
,					
Ingraro1@gmail.com				·	
Ipararo1@gmail.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Leonard Pararo	at (	850	)	508-2181	
Name of Person	(_		Area C	ode & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building			. Box	•	
2661 Executive Center Circle				ee, Florida 32314	
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
	5 ************************************				
<b>✓</b> \$25 Filing Fee		\$5	5 Fili	ng Fee & Certified Copy	

TO: Registration Section

## **COVER LETTER**

	ration Section on of Corporations					
SUBJECT: L	eonard Pararo, LLC					
	(Name of I	Limited Liability Company)				
The enclosed A	rticles of Dissolution and fee(s) are su	ubmitted for filing.				
Please return all	correspondence concerning this matt	er to the following:				
	Luther Leonard Pararo	o, IV				
		(Name of Person)				
	(Firm/Company)					
	2104 W. Randolph Circle					
		(Address)				
	Tallahassee, FL 3230	8 ty/State and Zip Code)	<del></del>			
	(Cil	y/State and Zip Code)				
For further infor	rmation concerning this matter, please	; call:				
Leor	nard Pararo	at ( 850 ) 508-2	2181			
<del></del>	(Name of Person)	(Area Code & Daytime	Telephone Number)			
Enclosed is a chec	ck for the following amount:					
\$25.00 Filing F	ee	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS: Registration Section	STREET/COUL Registration Section	RIER ADDRESS:			
	Division of Corporations	Division of Corp	orations			
	P.O. Box 6327 Tallahassee FL 32314	Clifton Building				

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION DIVISION OF CORPORATIONS FOR A LIMITED LIABILITY COMPANY 11 JAN 20 PM 3: 23

<ol> <li>The name of a limited liability company is Leonard Pararo, LLC</li> </ol>	; •
2. The Articles of Organization were filed on April L10000043702	26, 2010 and assigned document number
3. The date the dissolution was approved: 1-2	0~11
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of Unable to find work, LLC no longer	nited liability company's dissolution pursuant to section cover letter).  r needed.
-1-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
OR- Adequate provision has been made for the  6. All remaining property and assets have been distril rights and interests.  7. CHECK ONE:  There are no suits pending against the con OR- Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of any judgment, order or decree which may be
	of membership interests necessary to approve the dissolution:
Signature (Gravo TT)	Printed Name  Luther Leonard Pararo, IV