L10000064638

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	_	tion Section of Corporations	·						
SUBJI	ECT:	Davis	Appu	Main f Limited	villadii v	Company	<u> </u>		
			Traine C	r ramited	maranç	Company			
The en	closed Art	icles of Dissolutio	n and fee(s) are	submitted	for filing	<u>u</u> .			20 FEB 27
Please	return all c	correspondence co	ncerning this ma	ater to the	followi	iā;			827
	-	1	Jihal	(Name (of Person)	enaer	ath		- -
				(Firm/C	lompany)				
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			3 PHI	-//OV	121	11611	1.6		
		for	+ mas	73	Er	3.301	٠/		
			7	City/State a	ind Zip C	ode)			
For fur	ther inform	nation concerning	this matter, plea	ise call:					
	Ni	. Val (Name of	Seva	rath	. at (503.	<i>957</i>	280-	\mathcal{L}
		(Name of	Person)		<u> </u>	(Area Code 8	Daytime Tel	lephone Numb	er)
Enclose	ed is a check	k for the following a	nount:						
	© ≲ 25.00 F	iling Fee and Certifi	cate of Dissolutio	n				Dissolution & py is enclosed)	
	<u>Mailing</u>	Address:				Address:			
Registration Section				Registration Section					
Division of Corporations P.O. Box 6327					Division of Corporations The Centre of Tallahassee				
		ox 0527 assee. FL 32314	ļ			N, Monroc		iite 810	
						nassee. FL		. = - • •	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSOLUTION
	FOR S S S S S S S S S S S S S S S S S S S
The name of a limited I	Appurary LLC
	ation were filed on $\frac{06[17]2000}{0}$ and assigned
document number	10000064638
effe Note: If the date inserte	ate the dissolution if not effective on the date of filing: \(\sigma \)\(\sigma \)\(\sig
	es. (copy 605.0707 on back cover letter).
If there are no members activities and affairs:	s, enter the name and address of the person appointed to wind up the company's Mikai Senaraty
	2258 Zeffcott Street Fort Myers, F233901
. Signature of an authori: bove to wind up the comp	zed person or if there are no members, the signature of the person appointed and list pany's activities and affairs:
. Signature of an authorize bove to wind up the comp	eed person or if there are no members, the signature of the person appointed and hany's activities and affairs: Www. Senond

FILING FEE: \$25.00

Printed Name

Signature

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 Limited Liability Company:	David	4 ppulani	* Frc
Document number of Limited Liabilit		·	~_7
Date of dissolution was:			
Description of information that must	be included in a writt	en claim:	
I am no long	for in the	misque 38	
			
		101000000000000000000000000000000000000	
Mailing address where claims can be	sent: (Claims cannot	be sent to the Division of	Corporations)
Mikal S.	enarath		
2258 Jel	Hooth St	reet	
Fort Wya	ers, FL3	3901	
	· 	.	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

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