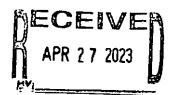
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
APR 27 2023

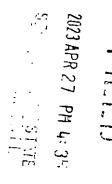
Office Use Only



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COVER LETTER

TO:

O: Registration Section Division of Corporations	
Mitchcon LLC	
(Name of Limi	ted Liability Company)
he enclosed Articles of Dissolution and fee(s) are submi	tted for filing.
lease return all correspondence concerning this matter to	the following:
Earl Mitchell	
(Na	me of Person)
Mitchcon LLC	
(Fin	m/Company)
9350 Oak Grove Circle	
	(Address)
Davie, Florida 33328	
(City/St	tate and Zip Code)
or further information concerning this matter, please cal	l:
Earl Mitchell	954 593-8438
(Name of Person)	(Area Code & Daytime Telephone Number)
nclosed 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 Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RFCEIVED