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SECRETARY OF STATE
AND SECRETARY OF STATE

K. SALY APR 2 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bell Falla & Associates LL C
(Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lovetta Esposito (Name of Person)
(Name of Person)
Bell Falla # ASSC(. (Firm/Company)
(Firm/Company)
383 Main Aue,
(Address)
Main Aue, (Address) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lore Ha Esposito at (203) \$45 - 0618 X 2 (Area Code & Daytime Telephone Number)
(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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE ALLAHASSEE, FLORIDA

1. The name of a limited liab	pility company is	icks LLC	TA	LLAHAS
2. The Articles of Organizati	ion were filed on		and assigned	
document number		effective on the date o	f filing:	
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date inserted in the listed as the document's effective date.	n this block does not mee	et the applicable statutory	m date document is received for filing requirements, this dat	or filing) e will not b
4. A description of occurrence 605.0707, Florida Statutes, ASSETS of the			y's dissolution pursuant	
	,			
If there are no members, er activities and affairs:	nter the name and add	ress of the person appo McLenca	inted to wind up the com	pany's
	383 N	Icin Avenue	1	
	Nowalk	, CT 0685	!	
 Signature of an authorized isted above to wind up the co 	person or if there are mpany's activities and	no members, the signat d affairs:	ure of the person appoint	ed and
) 	T() on	Hackeman inted Name	
Signature	. —— -	Pi	inted Name	

FILING FEE: \$25.00