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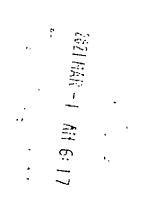
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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93/01/21--01015--029 **25.00



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COVER LETTER

Division of Corporations	
Focusear, LLC SUBJECT:	
	Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Linda S Wheeler	
	(Name of Person)
 	(Firm/Company)
1411 S Grant St, Suite 101	
	(Address)
Longwood, FL 32750	
(Cit	ty/State and Zip Code)
For further information concerning this matter, please	call:
Linda S Wheeler	407 339-2422 at ()
(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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 2521 MAR - 1 AM 6: 18

The name of a limited lia Focusear, LLC	ibility company is	
2. The Articles of Organiza	tion were filed on August 16.	2011 and assigned
document number L1100	0094244	
Note: If the date inserted	nve gate cannot be prior to or more	ive on the date of filing: 02/22/2021 than 90 days later than date document is received for filing) applicable statutory filing requirements, this date will not be of State's records.
4. A description of occurred	nce that resulted in the limites, (copy 605.0707 on back co	d liability company's dissolution pursuant to section over letter).
The consent of all members	` '	
The consent of all members The consent of all members		
 If there are no members, activities and affairs: 	enter the name and address of Linda S Wheeler	of the person appointed to wind up the company's
	1411 S Grant St. Suite 10	
	Longwood, FL 32750	
Signature of an authorize above to wind up the compa	ed person or if there are no many's activities and affairs:	embers, the signature of the person appointed and liste
linda Ill	hel	Linda S Wheeler Printed Name
5 ignature	,	rimeu mame

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution Art 6: 18

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: Focusear, LLC	<u> </u>
Document number of Limited Liability Company is:	4
Date of dissolution was:	
Description of information that must be included in a written clair	m:
Deadline for filing a claim is set at 120 days after date of dissolution. If	claim is not received by the deadline
stated, the claim will be barred. Further, that any claim not responded to	by the limited liability company
within thirty (30) days after receipt shall be deemed to have been rejected	ed.
	
Mailing address where claims can be sent: (Claims cannot be sent	to the Division of Corporations)
Linda S Wheeler	
1411 S Grant St. Suite 101	
Longwood, FL 32750	
	
A claim against the above named limited liability company will be claim is commenced within 4 years after the filing of this notice.	e barred unless a proceeding to enforce the
	110000
Linda S Wheeler	linda Valhala
Printed Name of the Person Filing	Signature of the Person-Viling

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