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(Re	questor's Name)	
(6.4	(4)	
DA)	dress)	
	 	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	2 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations							
SUBJECT: D.W. FRIEDRAN Cors (Name of Limited)	Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the	e following:						
DAVIO FRIEDRAM (Name of Person)							
	0.7 (1.3011)						
D.w.F. Carryctirg	Company)						
1240 THATCH PALL	L De(VE						
BOCA RATON, FL. (City/State							
For further information concerning this matter, please call:							
	at (954) 439-52/ o (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						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		ARTICI A LIMITE	LES OF I FO D LIABI	R			20 _{27 AUE} 3,	
1.	The name of a limited liabil			ا ر۔	۰. ۱. د	•	· · · · · · · · · · · · · · · · · · ·	
2.	The Articles of Organization	n were filed or	A.C	- 10	1, 20	11	and assigned	47.
	document number <u>L11</u>	0000 95	628					
3.	The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective date to the delayed	his block does r	not meet the	applical	ole statutoi	ry filing		
	A description of occurrence 605.0707, Florida Statutes, (any's d	issolution pursuant to	o section
	NO LONGER	ACTIVE	ANO	Ma	(016	ER	provident	- -
	SERVICES						, <u>.</u>	···
5.	If there are no members, entactivities and affairs:	er the name ar	nd address	of the p	erson app	ointed	to wind up the comp	any's
		D AVI	o FRI	E0 N	, AN			
		1240	THAT	CH (PLA	Del	VE	
		BOCA	PATO	~	FL	3.	3432	<u>.</u>
6. ab	Signature of an authorized pove to wind up the company	erson or if the 's activities an	re are no n d affairs:	nember	s, the sign	nature o	f the person appointe	ed and listed
	DIFF	_		Ŋ	AVID	Fere	OAAN	
	Signature					Printe	d Name	

FILING FEE: \$25.00