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(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER-LETTER

TO: Registration Section Division of Corporations
SUBJECT: BO PEEPS Enterprise UC
(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:
Elsie Chouinard (Name of Person)
$\mathcal{D} \sim \mathcal{C} \cdot \mathcal{C}$
to reeps thermise (CC
(Firm/Company)
4940 Downtha Approve
(Address)
Samosta Fl Zus
City/State and Zip Code)
(city, blate till 2.p coat)
For further information concerning this matter, please call:
TI ()
Elsie Chou; nard = 1 941 351-8531
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsup \\$55.00 \text{ Filing Fee, Certificate of Dissolution &}\$
Certified Copy (additional copy is enclosed)
\
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Citton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is BO PeepS Entemprise LLC.
2.	The Articles of Organization were filed on and assigned and assigned
	document number 12000018 +-
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	No business Activity 5:
	###
	NS 2 =
	<u>တက္</u> ယ မှ ကြက္ ⇒ •
5.	If there are no members, enter the name and address of the person appointed to wind up the arrival activities and affairs: BO Peeps Enterpoise 200 Finances
	Elsie Chavinard
	4940 Dorothy Avenue
	Sarasoto FL 34235
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
ان	P. Chainer Elsie P. Chovinard
•	Signature Printed Name

FILING FEE: \$25.00