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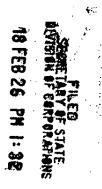
(Re	equestor's Name)					
(Address)						
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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COVER LETTER

Division of Corporations							
SUBJECT: 12164 NW 33th St. LLC							
(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:							
Lelda + Harry Musman (Name offerson)							
(Name of Person)							
171104 NU2 72 84 110							
12164 NW 33 St. LLC (Firm/Company)							
12394 NW 53°D St (Address)							
(Address)							
Coral Springs Fl 33076 (City/State and Zip Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Tolde Missey asy Ost - 8221							
Zelda Musman at (954) 856-8231 (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

1.	The name of a limited liability	company is				
	12164	N41 3:	3 Il 5	street	LLC	
		<u> </u>				
2.	The Articles of Organization w	ere filed on	Slul	2017	and assigned	
	document number _ L \ 20	0006410) \			
3.	The delayed effective date the (effective date Note: If the date inserted in this listed as the document's effective	block does not m	eet the appli	cable statutory fil:	ling: 12/31/17 late document is received for filing) ng requirements, this date will not be	
4.					s dissolution pursuant to section	
	Property	sold				
•						
						
5.	If there are no members, enter activities and affairs:			• • •	ted to wind up the company's S MCເ N	
	_			_	St	
	_	Coral	Spri	ings Fl	33076	
				•		
6. Signature of an authorized person or if there are no members, the signature of the person appointed and						
listed above to wind up the company's activities and affairs:						
	(La Musman	<u> </u>	_	Zeld	a Musman	
	Signature			Pri	nted Name	

FILING FEE: \$25.00