L12000085594



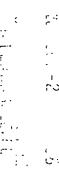
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
3				

Office Use Only



000437459830

10/02/24--01028--014 **25.00



COVER LETTER

.

TO:	Registration Section Division of Corporations						
SUBJE	CT: JOFF BRY	1KE, LLC					
	(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.							
Please re	eturn all correspondence concerning this matter to the	e following:					
Name of Person)							
(Name of Person)							
DEFT BRAKE, LLC							
(Firm/Company)							
1938 BRISTON PARK PRACE							
	(Ac	ddress)					
Chief MARY FL 32746							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
	JOPE BLAKE	at (407) 6 F 7 9 P 2 F (Area Code & Daytime Telephone Number)					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed	is a check for the following amount:						
Ø	\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	Mailing Address:	Street Address:					
	Registration Section	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

1. The name of a limited liabil		LEE BRAINE,	LLC	
2. The Articles of Organization	were filed on	10/29/2012	and assigned	
document number	20000855	<u>94</u>		
3. The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective date to the comment's effective date to the delayed the dela	his block does not meet ti	he applicable statutory filing	document is received for requirements, this date	r filing) e will not be
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the lim	ited liability company's d	issolution pursuant to	o section
			A BRAKE	Bays
A470 D1	vision e	cecce on	SEPTEN	r BER
15 74 202			ž.	
				1~ >
If there are no members, ent activities and affairs:	er the name and addres	ss of the person appointed Ey BRAKE	to wind up the comp	oany's
	117 L	1.315TAVB	\$1 27 28	r≎ :
	1-1000	1. 315 AVE	3302/5	G. C.
Signature of an authorized p above to wind up the company'	erson or if there are no s activities and affairs:	members, the signature o	f the person appointe	ed and listed
Som	la-	Joseph	LEY BRA,	KE
Signature		Printe	d Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

voluntary dissolution.

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

Name of Limited Liability Company: Document number of Limited Liability Company is:______ Date of dissolution was: Description of information that must be included in a written claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 117 N. 315 ALE Hollywood, Fr 33021 A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

Printed Name of the Person Filing