L12 0000094175

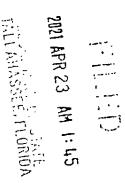
(Request	tor's Name)
	,
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer;

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Island Cofee Ha	aus UC	
(Name of Limite	d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Beverly	Kil Feetrick	
	,,	
(Firm/Company)		
Po	Box 1967	
- Holmes	Beach FL 34218	
For further information concerning this matter, please call:		
Beyerly Kil schrick	at (813) 716-105 (Area Code & Daytime Telephone Number)	
l l		
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:	Street Address:	
Registration Section	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

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is I Sland (reflee Haus LLC)
2. The Articles of Organization were filed onOT/19/2012 and assigned
document number <u>L12000094175</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 20 APR 2021 (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
A filog of Bunkuptay his been filed u-Manter County Court
County Court
5.1 and a projected to wind up the company
5. If there are no members, enter the name and address of the person appointed to wind up the companion activities and affairs: Severly Kipstrick
PO Pox 1967
Holmes Beach, FL 34218
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:
Burly Kitatored Burly Kitzatrick

FILING FEE: \$25.00