

L13000080392

Florida Department of State
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LLC DISSOLUTION OR WITHDRAWAL
COVESTED, LLC

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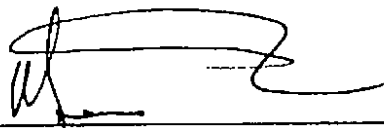
ARTICLES OF DISSOLUTION
OF
COVESTED, LLC

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1. Name. The name of the limited liability company is COVESTED, LLC.
2. Date of Organization. The Articles of Organization for the limited liability company were filed on June 4, 2013, effective June 4, 2013, and assigned Document Number L13000080392.
3. Effective Date. The effective date of the dissolution shall be the date of filing of these Articles of Dissolution.
4. Authorization Pursuant to Section 605.0707, Florida Statutes. The dissolution was approved by the members of the limited liability company. The number of votes cast for dissolution was sufficient for approval pursuant to the articles of organization and/or the operating agreement, as each may currently be amended.
5. A Notice of Limited Liability Company Dissolution is attached.
6. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

N/A

7. 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:



Marcus Turner, Managing Member

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This Notice of Limited Liability Company Dissolution is submitted by the dissolved limited liability company named below (the "Limited Liability Company") for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, Florida Statutes.

This "Notice of Limited Liability Company Dissolution" is optional and not required when filing a voluntary dissolution.

1. Name of Limited Liability Company: COVESTED, LLC
2. Document number of Limited Liability Company is: L13000080392
3. Date of Dissolution: The date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
4. Description of information that must be included in a claim:
 - a. Name of claimant.
 - b. Completed IRS Form W-9, Request for Taxpayer Identification Number and Certification.
 - c. Mailing address of claimant.
 - d. Name and phone number of contact person.
 - e. Description of claim.
 - f. Date(s) claim incurred.
 - g. Account number(s) (if applicable).
 - h. Invoice number(s) (if applicable).
 - i. Total amount of claim.
4. Mailing address where claims can be sent:

Covested, LLC
c/o Marcus Turner
8745 Via Bella Notte
Orlando, FL 32836

5. A claim against the above-named Limited Liability Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

COVESTED, LLC

By: 

Marcus Turner, Managing Member

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