,

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



07/27/20--01033--009 **55.00

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D. BRUCE SEP 1 4 2020

COVER LETTER

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TO: Registration Section Division of Corporations

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SUBJECT: _	 HOUSE	6F	MACHINES LLC	·
			of Limited Liability Company	

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The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Franke (Name of Person)			
P4P ENTERPRISES			
5317 GREENSIDE CT			
Grlando FL 32819			
(City/State and Zip Code) For further information concerning this matter, please call:	SEC IA	2020	
Tom Franke (Name of Person) at (407) 616-3183 (Area Code & Daytime Telephone N	· <u>·</u> ····	2020 JUL 23	
Enclosed is a check for the following amount:		PM 6: 54	С С
\$25.00 Filing Fee and Certificate of Dissolution \$25.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed)		54	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1.	The name of a limited liability company is
	The House of MACHINES UC
2.	The Articles of Organization were filed on $\frac{7/24/13}{}$ and assigned
	document number L13000104998
3.	The delayed effective date the dissolution if not effective on the date of filing:
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). Due to $COVID - 19$ and $difficulty e c$
	Due to COVID-19 and difficulties associated to the pandemic closure is necessary
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	23 PH 6:

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:

M Tom Frante Printed Name Signature FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

. . . .

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 voluntary dissolution.

Name of Limited Liability Company: The House of Muchines LLC
Document number of Limited Liability Company is: L13000 10 4998
Date of dissolution was: $\eta \eta 20$
Description of information that must be included in a written claim:
Name, address, date and explaination of said claim
SECO AL
AFA 23
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
8815 Cohroy Windermare Pl 25
359
Orlando FL 32835

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.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00