U300) H3/32

(Requestor's Name)	_
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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SECRETARY OF STATE
TALLAMASSES BY ASE

JAN 2 7 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BNZR ENTERPRISES, 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:		
BRIAN S EVANCS (Name of Person)		
BNZR ENTERPRISES, UC (Firm/Company)		
	15	
427163 GELDING SQ. (Address) CHANTILLY VA 120152 (City/State and Zip Code)	7MH 15	FILED
For further information concerning this matter, please call:	图 3	ED
(Name of Person) at (8/3) 368-4967 (Area Code & Daytime Telephone Number)	<u></u>	
Enclosed is a check for the following amount: \$\sum_{\$25.00}\$ Filing Fee and Certificate of Dissolution \$\sum_{\$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 BNZR ENTERPRISES, LLC.
2.	The Articles of Organization were filed on 10/10/2013 and assigned
	document number <u>L/3000/43/32</u>
3,	The delayed effective date the dissolution if not effective on the date of filing: 1/10/2015 (effective date cannot be prior to or more than 90 days later than date document is received for 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).
	NO BUSINESS ACTIVITY TOOK PLACE DURING
,	NO BUSINESS ACTIVITY TOOK PLACE DURING ACTIVE PERIOD; FROM 10/10/13 THRU 1/10/2015.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Signature Printed Name
	FILING FEE: \$25.00 FILING FEE: \$25.00 FILING FEE: \$25.00