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(Reque	estor's Name)	
(Addre	ss)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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O SIMMONS

COVER LETTER

SUBJECT: Chelles Lywe Charles, LLC (Name of Limited Liability Company)		
(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:		
Jonathan Bauri (Name of Person) Chelsea Lyrue Charles, LCC (Firm/Company)		
(Name of Leson)		
Chelsea Livre Chates LCC		
Short [City/State and Zip Code)		
(Address)		
Strong FC 24996		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jourthan Dann at 908, 370 2289		
(Name of Person) at (908) 370 3789 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 of	company is
chelia Lyme	Chartus, LLC
2. The Articles of Organization we	ere filed on $\frac{\sqrt{3}/28/13}{}$ and assigned
document number 2 1300	
effective date Note: If the date inserted in this b	lissolution if not effective on the date of filing: cannot be prior to or more than 90 days later than date document is received for filing) clock does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.
4. A description of occurrence that 605.0707, Florida Statutes, (copy	t resulted in the limited liability company's dissolution pursuant to section y 605.0707 on back cover letter).
Failure of	busives to become sustainally
Drof. Jable	
1,01,14,00	
5. If there are no members, enter the	he name and address of the person appointed to wind up the company's
activities and affairs:	
	Jourthn Daum
	20 S. sewall power Nand
	Stuat, FL 34996
6. Signature of an authorized persolisted above to wind up the compar	on or if there are no members, the signature of the person appointed and my's activities and affairs:
	Justino Bonin
Signature	Printed Name
	FILING FEE: \$25.00