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(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #	F)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates o	f Status	
Special Instructions to Filing Officer:			





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### COVER LETTER \* . \* · · ·

TO:

Registration Section
Division of Corporations

SHRIECT

# 2030 Asset Ventures 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:

Roy Dudak
(Name of Person)
RER Financial Group
(Firm/Company)
950 Herndon Parkway Suite 200
(Address)
Herndon, VA 20170
(City/State and Zip Code)

For further information concerning this matter, please call:

Roy Dudak at (703) 742-6789 (Area Code & Daytime Telephone Number)

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:**

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

The name of a limited liability compa     2030 Asset Ventures LLC	any is		
2. The Articles of Organization were file	ed on11/05/2013	and assigned	
document number L13000155476			
	t be prior to or more than 90 days later t loes not meet the applicable statutor	han date document is received for filing) y filing requirements, this date will not be	
4. A description of occurrence that result 605.0707, Florida Statutes, (copy 605.	Ited in the limited liability comp .0707 on back cover letter).	any's dissolution pursuant to section	
The purpose for which the company was	formed has been completed.		
		<b>P</b>	
<ol> <li>If there are no members, enter the nar activities and affairs:</li> </ol>	ne and address of the person app	pointed to wind up the company	
activities and arians,		SSEE C	
		IDA	
6. Signature of an authorized person or listed above to wind up the company's a	if there are no members, the sigr ctivities and affairs:	nature of the person appointed and	
all	Christopher Kall	ivokas	
Signature		Printed Name	

**FILING FEE: \$25.00**