13000156764

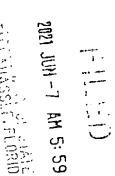
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(D.:	ala a a l'Elaka kila	
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	

Office Use Only



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10.

COVER LETTER: •

TO: Registration Section Division of Corporations	•
SUBJECT: Dissolution E. MUNRO LL (Name of Limited Lia	C hility Company)
(Additional Estate of Esta	omy company)
The enclosed Articles of Dissolution and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the fo	llowing:
EdNA MUNRO (Name of P	
(Name of P	erson)
(Firm/Com	pany)
P.O. Box 1/218 (Address Pensacola, Florida, 3	
(Addres	s)
PENSACOLA, FloridA, S	2524
/ (City/State and	Zip Code)
For further information concerning this matter, please call:	
Edna Munro (Name of Person)	(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)
	reet Address: egistration Section

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303

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

1. The name of a limited lia				
E. MUN.	RO LLC			
2. The Articles of Organiza	tion were filed on Wayenk	ner 6,2013 a	nd assigned	
document number <u>L</u>	13000156764		3/0	
Note: If the date inserted	te the dissolution if not effect tive date cannot be prior to or more in this block does not meet the a ffective date on the Department	applicable statutory filing requ		
4. A description of occurrer 605.0707, Florida Statute.	nce that resulted in the limited s, (copy 605.0707 on back co	d liability company's dissol	ution pursuant to section	
Company D	issolved Deci3/,	2020	17.7.1.1	
E. Mudeo LL	issolved Dec.3/10		星	
			- CO	•
			5: 55 FLORI	1
If there are no members, activities and affairs;	enter the name and address o		rind up the company's	•
	P.O. Box 11	2/8		
	PENSACOLA, 1		524	
 Signature of an authorize above to wind up the compar 	d person or if there are no me ny's activities and affairs:	embers, the signature of the	person appointed and listo	ed
Galna Munza		FdNA Ma	UNRO	
/ Signature		Printed Na	me	

FILING FEE: \$25.00