L14 CCCC C GGCO

(Requestor's Name)							
(Address)							
(100.000)							
(Address)							
(City/State/Zip/Phone #)							
(expected) from my							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
•							

Office Use Only



600350933706

08/31/20--01036--014 **25.00

THE AUG 31 PM 4: 44

00T (L.

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: REMINGTON PARTNERS 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:								
rease return an correspondence concerning and maner to the ronowing.								
И								
MARTHA SMITH (Name of Person)								
(Name of Person)								
(Firm/Company)								
,	• •							
2859 KINSINGTO	N CIRCLE							
(Ad	N CIRCLE dress1							
WESTON FL	33 <i>33.</i> 2							
WESTON FL 33332 (City/State and Zip Code)								
For further information concerning this matter, please call:								
HARTHA SHITH	21 954 \ 560-6314							
(Name of Person)	at (954) 560-6364 (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:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810							
	Tallahassee, FL 32303							

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2020 AUG 31 PM 4: 44

1.	. The name of a limited liability company is			i se sage Loger a			
	REMINISTON	PARTNERS	LLC_		TALLAHASSE	er chair Eorga	
2.	The Articles of Organization were	filed on/	19/2015	and	assigned	,	
	document number 41400	000660					
3.	The delayed effective date the diss (effective date can Note: If the date inserted in this bloo- listed as the document's effective date	nnot be prior to or mo ck does not meet the	re than 90 days later e applicable statute	than date docume ory filing require	ent is received for fements, this date	iling) will not be	
4.	A description of occurrence that re 605.0707, Florida Statutes, (copy 6	esulted in the limit 605.0707 on back	ted liability comp cover letter).	oany's dissolut	ion pursuant to	section	
	Due to Corona	VITUS + no	ature of	my con	sulting		
	work I will	not be u	sing Re	mington	Partners	<u> </u>	
	effective 9/1			•			
5.	If there are no members, enter the	name and address	of the person ap	ppointed to win	d up the compa	ny's	
	activities and affairs:	MART	HA SH	ITH_			
		2859	KINSI	NGTON C	CIR_		
		WEST	ON, FL	3333 <i>2</i>	,		
6. at	Signature of an authorized person bove to wind up the company's active	or if there are no vities and affairs:	members, the sig	nature of the p	erson appointed	and listed	
	do - 1 - 1 - At		LI.				
	Marly South		MAR	THA St	<u>1 1T4</u>		

FILING FEE: \$25.00