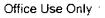
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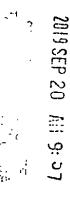
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special last valiant to Filing Officer:				
Special Instructions to Filing Officer:				





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COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: 4214 Building UC (Name of Limited Liability Company)				
(Name of Limited Dabinty Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mara Robinson.				
(Name of Person)				
Clara Robinson PA.				
(Firm/Company)				
8527 Pines Boulevard # 202				
(Address)				
Pentouke Pinos Fl. 33024.				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Clare Plinns				
(Cra Robinson a, 954, 410 8250				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$55.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution &				
Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: STREET/COURIER ADDRESS:				
Registration Section Registration Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. Th	The name of a limited liability company is 4014 Bullduy J.C.			
2. Th		2/12/2-14	dassigned	
do	ocument number 114	000025040		
<u>N</u>	effective d Vote: If the date inserted in thi	e dissolution if not effective on the date of filing:ate cannot be prior to or more than 90 days later than date documes block does not meet the applicable statutory filing required the date on the Department of State's records.		
4. A 60:	description of occurrence to 5.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolutions opy 605.0707 on back cover letter).	ntion pursuant to secti-	
	Property S	oold.		
			2019 SEP 20	
	there are no members, enter	r the name and address of the person appointed to wi		
	avides and aritins.	Clara Robinson	, J	
		8527 Pines Boulevard		
		Pembroixe Pines FL.	33024.	
6. Siglisted	gnature of an authorized pe above to wind up the comp	rson or if there are no members, the signature of the pany's activities and affairs:	person appointed and	
	July	Clara Robi		
	Signature	Printed Nan	ne	

FILING FEE: \$25.00