L14000036430

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



600259045786

04/25/14--01022--026 **55.00

2014 APR 25 PH 1: 36
SECRETARY OF STATE
AND AND SECRETARY OF STATE

APR 3 0 2013

T. HAMPTON

COVER LETTER

d Liability Company)	
ed for filing.	
he following:	
e of Person)	
/Company)	
ENTHOUSE SUITE	
address)	
e and Zip Code)	
305 461-5885	
(Area Code & Daytime Telephone Number)	
\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
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

2. The Articles of Organization were filed on	
 The delayed effective date the dissolution if not effective on the date of filing:	
605.0707, Florida Statutes, (copy 605.0707 on back cover letter). MEMBERS AND MANAGERS HAVE AGREED TO DISSOLVE THE LLC. 5. If there are no members, enter the name and address of the person appointed to wind up the content of the person appointed to the person appointed to the person appointed to the pers	
605.0707, Florida Statutes, (copy 605.0707 on back cover letter). MEMBERS AND MANAGERS HAVE AGREED TO DISSOLVE THE LLC. 5. If there are no members, enter the name and address of the person appointed to wind up the content of the person appointed to the person appointed to the person appointed to the pers	ed for filing)
•	unt to section
•	
	company's
6. Signature of an authorized person or if there are no members, the signature of the person applisted above to wind up the company's activities and affairs:	pointed and
One Johns. OWEN EDWARDS	
Signature Printed Name FILING FEE: \$25.00	2014 SE

FILEU 2014 APR 25 PH 1: 36