#114000098563

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

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BEFARISHER STORY

15 HAY -1 PN 2:4

K.SALY EXAMINER MAY -1 2015

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: 10.02 BOUTIOUS 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:				
Sharp GReen (Name of Person)				
(Firm/Company)				
DDB. MYELLOMA CIVELE				
(Address)				
Jallahassee fi 35304				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Shanya Green at (850) SSQ (Area Code & Daytime Tele	ephone Number)			
Enclosed is a check for the following amount:				
-	tificate of Dissolution & onal copy is enclosed)			
MAILING ADDRESS: STREET/COURING Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	า			

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



1. The name of a limited lia	ability company is	LC	SECURITY OF THE PARTY OF THE PA
2. The Articles of Organization document number	ition were filed on	o-19-14	and assigned
3. The delayed effective da	te the dissolution if not effe	ective on the date of fil	ing:
4. A description of occurre 605.0707, Florida Statute	nce that resulted in the limies, (copy 605.0707 on back	ted liability company? cover letter).	s dissolution pursuant to section
	NO more	business	
5. If there are no members,	enter the name and address	s of the person appoint	ed to wind up the company's
activities and affairs:	Shanup 1703 co Tallaho	GREEN reywood wsee fi	Gircle 32304
6. Signature of an authorizabove to wind up the compa	ed person or if there are no any's activities and affairs:	members, the signatur	e of the person appointed and listed
Signature		Prir	ited Name
YOUV		Shanya	Green

FILING FEE: \$25.00