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COVER LETTER

TO:

	gistration Section vision of Corporations			
SUBJECT:	Thomas Forcella LLC			
JOBECT.		ed Liability Company)		
The enclose	d Articles of Dissolution and fee(s) are submit	(Name of Person) (Firm/Company) (Address) (City/State and Zip Code) is matter, please call: at (954		
Please retur	n all correspondence concerning this matter to	the following:		
	Thomas Forcella			
	(Nai	ne of Person)		
	(Fin	(Name of Person) (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) matter, please call: (Area Code & Daytime Telephone Number) (Area Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations		
	20 NE 20 Ct			
		Address)		
	Wilton Manors, FL 33305-4085			
	(City/Sta	tte and Zip Code)		
For further	information concerning this matter, please call	:	2024 6.46	
77	nomas Forcella	at ()	100 K	
	(Name of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a	check for the following amount:		نظر و	
■ \$2	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Certified Copy (additional co	f Dissolution & 3	
	ailing Address:			
Registration Section		_		
Division of Corporations P.O. Box 6327		•		
Tallahassee, FL 32314		2415 N. Monroe Street, S		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability of Thomas Forcella LLC	ompany is			
2.	The Articles of Organization we	ere filed on 06/23/2014		_ and assigned	
	document number 1.140001002.	50			
3.	The delayed effective date the defective date Note: If the date inserted in this belisted as the document's effective	block does not meet the appl	icable statutory filing	document is received for filing) requirements, this date will not be	
4.	A description of occurrence tha 605.0707. Florida Statutes. (cop Since Member No. 12nga ac	resulted in the limited lia y 605.0707 on back cover LLC has	ability company's di letter). Getinal	ssolution pursuant to section BUSINESS	
	No longu ac	tive.		-	
5.	If there are no members, enter t	he name and address of th	e person appointed	to wind up the company's	
	activities and affairs:			- <u> </u>	
	_				
	_				
6. ab	Signature of an authorized persoove to wind up the company's a	on or if there are no member tivities and affairs:	pers, the signature o	f the person appointed and liste	
	In Fortler	_ /	THOMAS P	ONCELLA	
Signature			Printed Name		

FILING FEE: \$25.00