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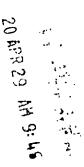
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## **COVER LETTER**

	COVE	R LETTER	
	gistration Section vision of Corporations		TO KE TO KE OF WE
CUDICT.	261 WEST 28TH #9C LLC		
SUBJECT:		ed Liability Company)	
The enclose	d Articles of Dissolution and fee(s) are submit	ted for filing.	5
Please return	n all correspondence concerning this matter to	the following:	
	DONALD M. ALLISON, ESQUIRE		
	(Nan	ne of Person)	
	GRANER PLATZEK & ALLISON, P.A		
	(Fin	n/Company)	
	1699 SOUTH FEDERAL HIGHWAY, S	UITE 300	
		Address)	
	BOCA RATON, FL 33432		
	(City/Sta	te and Zip Code)	
For further i	information concerning this matter, please call		
ZA	ANDRA VANN	561 750-2445 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:		
<b>= \$2</b> :	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Re Di P,0	ailing Address: egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liabil	ity company is				
2.	The Articles of Organization	were filed on <u>07/01/2014</u>	and assigned			
	document number L1400010	4692				
3.	(effective Note: If the date inserted in the	e date the dissolution if not effective on the date of filing:				
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited liability copy 605.0707 on back cover letter	company's dissolution pursuant to section			
	Consent of all members of the		,			
5.		er the name and address of the pers	on appointed to wind up the company's			
	activities and affairs:	- WA				
6. abo	Signature of an authorized pove to wind up the company'	erson or if there are no members, the sactivities and affairs:	e signature of the person appointed and listed			
	A.m	Ali Onur				
	/ \ V Signature		Printed Name			

FILING FEE: \$25.00