Division of Corporations **Electronic Filing Cover Sheet**

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Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

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: (850)205-8842

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LLC DISSOLUTION OR WITHDRAWAL ADRINO DIGITAL LLC

Certificate of Status	0
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Help

COVER LETTER

	stration Section slon of Corporations				
SUBJECT:	Adrino Digital LLC				
(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submitte	ed for filing.			
Please return all correspondence concerning this matter to the following:					
	Drew Kuchta				
(Name of Person)					
	Bayview Marketing Group, LLC				
	(Firm/Company)				
	10604 Indian Trail				
	(Address)				
	Cooper City, FL 33328				
,	(City/Stat	e and Zip Code)			
For further inf	formation concerning this matter, please call:				
Rya	n Collison	754 81 (400-9382		
	(Name of Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a ch	neck for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STR	EET/COURIER ADDRESS:		
	Registration Section		stration Section		
	Division of Corporations		sion of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		on Building Executive Center Circle		
	: wii@ti@3360, i L J4J [7	2001	EVALUATE COULD CULL		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Adrino Digital LLC	·			
2.	The Articles of Organization were filed on July 7, 2014	and assigned			
	document number L14000106972				
3.	The delayed effective date the dissolution if not effective date cannot be prior to or more that	we on the date of filling: n/a nan 90 days later than date document is received for	or filing)		
4,	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). All of the members have consented to dissolution.				
	All of the members have consented to dissolution.				
5.	If there are no members, enter the name and address of	the person appointed to wind up the com	pany's		
	activities and affairs: 17/8				
					
6. lis	Signature of an authorized person or if there are no me sted above to wind up the company's activities and affair	mbers, the signature of the person appoints:	ted and		
		Drew Kuchta, Manager			
	Signature	Printed Name	POE 5		
	FILING FE	E: \$25.00	INC 20 AM 7: 25 RETAFY OF STATE A		
			· 25 LORIGA		