L14000129290

(Re	questor's Name)
(Adı	dress)
(Ad	dress)
(1.53)	
(Cit	y/State/Zip/Phone #)
	WAIT MAIL
(Bu:	siness Entity Name)
(Dor	cument Number)
Certified Copies	Certificates of Status
Special Instructions to P	Filing Officer:
	HORNE
	J. HORNE JUN 2 1 2024
	Office Use Only

200430290892

05/05/24--01025--008 ★★25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DONO HUNTER, WL (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:

<u>Cecifiq S. Micandq, ESq.</u> (Name of Person) <u>Britto, PUVL</u> (Firm/Company) <u>UN PODICE de Leon Bind, (Litte 1050</u> (Address) <u>Coral Bables, FV 33134</u> (City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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



1. The name of a limited liability company is

BOND HUNTER WL

2. The Articles of Organization were filed on \underline{PUQUST} \underline{PUQUST} _ and assigned

document number	44000129290

3. The delayed effective date the dissolution if not effective on the date of filin

(effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

			J		<u>basiness</u>
If there are i activities an		nter the nam	e and address of	the person appointed to	wind up the company's
Signature of	f an authorized	person or if	there are no me	nbers, the signature of t	he person appointed and l

Signature

<u>ANO</u> PIDDPrinted Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Compan BOND HUMEY, WC
Document number of Limited Liability Company is: UHODO NA 290
Date of dissolution was <u>FROYLARY</u>
Description of information that must be included in a written claim:
(a) nume of creditori
(b) the amount of the cicim; and
(c) a reasonable description of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CREILIA S MIRANAQ, ESQ
Brito, PWC
2121 PONCE de Leon Bind, vivite 150
Coral Gables; rv. 32134

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ana Faria

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00