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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	(Name of Limited Liability Company)	
The enc	closed Articles of Dissolution and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Hamala Adas Luis	
(Name of Person)		
	Old Is New Again, LLC	
(Firm/Company)		
	131 Kidge (ENTER DR.	
	DAVENGORY, FL 33837 (City/State and Zip Code)	
For furt	her information concerning this matter, please call:	
	PAMELA ANGELINE at (863) 363-6828	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose	d 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)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is \[\left(\reft(\left(\left(\left(\left(\left(\left(\left(\left(\reft(\left(\left(\left(\left(\left(\reft(\r
2. The Articles of Organization were filed on 8-27-2014 and assigned
document number 1 14000 134380
3. The delayed effective date the dissolution if not effective on the date of filing: (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). 10.5 FL DUSINES S LOCAN DD
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: AME/A ANGELINE TO STATE TO STA
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Samela Augelino AME/A HNGELINE Printed Name

FILING FEE: \$25.00