L14000137505

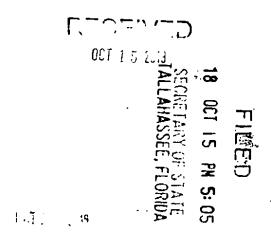
(Re	questor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	 = #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u> 		

Office Use Only



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10/16/18--01022--018 **25.00



S YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Beqr</u>	Anyone: Com, LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution ar	ad fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
<u>Sc</u>	(Name of Person)
500	(Firm/Company)
	SE 92 ST. (Address) (Address) (City/State and Zip Code)
For further information concerning this	
(Name of Per	at (254) 531-2751 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	of Dissolution
MAILING ADD Registration Section	on Registration Section
Division of Corpo	orations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned le date of filing: le date of f
ys later than date document is received for filing) statutory filing requirements, this date will not be records.
company's dissolution pursuant to section :).
members
son appointed to wind up the company's
rdale FL.

FILING FEE: \$25.00