L14000181165

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
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COVER LETTER

Division of Corporations
SUBJECT: Ronewing Minds Transforming Faith LU (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:
Amber Colling (Name of Person) Lenewro Minols Transforming Fath LLC (Firm/Company) 39328 Pine Villa Cir (Address) Panta Gorda FL 33982
(City/State and Zip Code)
For further information concerning this matter, please call: Amber Collabor at 941 258816 (Area Code & Daytime Telephone Number)
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)

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
	Kenewing Minds Transforming Faith LL
2.	The Articles of Organization were filed on 11/24 4 and assigned
	document number <u>L14000 181165</u>
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). LLC dissoluted d/+ unable to get
	50/2 3 Status
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	29328 Pine Villa Cir
	Punta Gorda, FL 32982
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
/	sometimes Amber Calling
	FILING FEE: \$25.00 Printed Name FILING FEE: \$25.00
	of STA P 12: