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Office Use Only



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02/15/17--01001-1002



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COVER LETTER

TO: Registration Section Division of Corporations	•			
Division of Corporations				
SUBJECT: Finewater UC (Name of Limited I				
(Name of Limited I.	nability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted to	for filing.			
Please return all correspondence concerning this matter to the	following:			
Funderick B Hilb	unat			
(Name of	rerson)			
Finzusten LLC				
(FimvCc	ompany)			
122 Boschuste La				
(Add	ress)			
Tollahossee Fla. 32301 (City/State and Zip Code)				
(City/State in	nd Zip Code)			
For further information concerning this matter, please call:				
Facederick of 14:1/bush+ (Name of Person)	at (450) 570 8305 (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:	STREET/COURIER ADDRESS:			

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

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 liabilit	y company is		
	Braugher Cla			•
2.	The Articles of Organization	were filed on	-/4-/7 an	d assigned
	document number <u>L/40</u>	100182890	2_	
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 blisted as the document's effective date on the Department of State's records.			
4.	A description of occurrence t 605.0707, Florida Statutes, (co	hat resulted in the li opy 605.0707 on ba	mited hability company's dissol ck cover letter).	ution pursuant to section
	NO Longer Offo	riting 130	sinass	
				·····
				17 F
5.		r the name and addr	ess of the person appointed to w	ind up the company's
	activities and affairs:	Fudewick	P. H. 115 NO-T	
				No.
6. lis	Signature of an authorized pested above to wind up the comp	erson or if there are a	no members, the signature of the affairs:	person appointed and
_	all on	. L		
_	Signature	2	Frederich f. 14. Printed Na	me

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 Company: Fixeusta CLC	
Document number of Limited Liability Company is: <u>L/4060/52 590</u>	
Date of dissolution was: 2-14-17	
Description of information that must be included in a written claim:	
	. 17
	£833
CALL CALL CALL CALL CALL CALL CALL CALL	-
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	PH 2:
 	Sign Big Cap
122 Boardwalk Ca Tollahorsen Fla 32301	
A claim against the above named limited liability company will be barred unless a proceeding to enforce to	the
claim is commenced within 4 years after the filing of this notice.	

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

Printed Name of the Person Filing