[1400018596]

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer:				





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01/19/16-01030-031 **25.00

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COVER LETTER

TO:

Registration Section Division of Corporations

146120 St

P.O. Box 6327

Tallahassee, FL 32314

(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:						
10 Daved Hard (Name of Person) 925 Smilitary Tra D4 (Firm/Company) Accounting Advantage (Address) West Ram Reach R. 23245						
(City/State and Zip Code)						
For further information concerning this matter, please call: Mare of Person at (56) 687 - 649 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount: \$\sum_{\$25.00}\$ \text{Filing Fee} and Certificate of Dissolution}\$ \$\sum_{\$55.00}\$ \text{Filing Fee}, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}\$						
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabile 146170	ity company is				
2. The Articles of Organizatio	n were filed on	12/04/2	'oH	_ and assigned	
document number	0001855	761_		1 1	
3. The delayed effective date to (effective Note: If the date inserted in a listed as the document's effective	date cannot be prior this block does not	to or more than 90 d meet the applicable	lays later than date of e statutory filing r	locument is received for	
4. A description of occurrence 605.0707, Florida Statutes, 6	that resulted in t (copy 605.0707 o	the limited liabili on back cover lette	ty company's di er).	ssolution pursuant	to section
No Longer	Burner	opoatu	inal		
				75	16
5. If there are no members, en	ter the name and	address of the pe	rson appointed t	to wind up the com	ıpan¥s
activities and affairs:					9 PH 3
				RIOA	:43
6. Signature of an authorized plisted above to wind up the con	person or if there npany's activities	are no members, s and affairs:	the signature of	f the person appoin	ited and
2		AUn	160 7a : 51		
Signature			NEDZCIDI Printed	Name	

FILING FEE: \$25.00