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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer	
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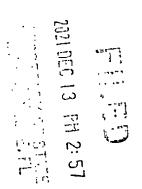
Office Use Only



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Epperine Date 13/30/2021



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Liability Company)	
for filing.	
following:	
f Person)	
ompany)	
iress)	
nd Zip Code)	
at (Area Code & Daytime Telephone Number).	
561 4599239 E	
at ()(Area Code & Daytime Telephone Number].	
at ()	
S55.00 Filing Fee, Certificate of Dissolution & \\ Certified Copy (additional copy is enclosed) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Street Address:	
Registration Section	
Division of Corporations The Centre of Tallahassee	
2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization	were filed on 01/12/2015	and assigned
document number L15000006	049	
<b>Note:</b> If the date inserted in the	e dissolution if not effective on the da ate cannot be prior to or more than 90 days la is block does not meet the applicable stat we date on the Department of State's reco	ate of filing: 12/30/2021  Iter than date document is received for filing)  Eutory filing requirements, this date will not bords.
4. A description of occurrence t 605.0707, Florida Statutes, (co	hat resulted in the limited liability coppy 605.0707 on back cover letter).	mpany's dissolution pursuant to section
NO longer doing business	****	
NO longer doing business		
NO longer doing business		
140 longer doing business		
5. If there are no members, ente	r the name and address of the person	appointed to wind up the company 53
activities and affairs:		
		$\psi(x)$
		, 3 2
		, 2 F
<ol> <li>Signature of an authorized pe above to wind up the company's</li> </ol>	rson or if there are no members, the sactivities and affairs:	PH 2: 57
6. Signature of an authorized peabove to wind up the company's  Alcjandia Ballia Signature	rson or if there are no members, the s activities and affairs:	signature of the person appointed and list

FILING FEE: \$25.00