# L150000/1297

(Requestor's Name)			
(Address)			
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(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
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## COVER LETTER ...

TO: Registration Section Division of Corporations				
SUBJECT: FIX-IT BROTHERS II LLC (Name of Limited Liability Company)				
(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:				
Carolyn Dirk (Name of Person)				
(Minuc to 1 Claun)				
(Firm/Company)				
12237 W. LARKSPUR RD (Address)				
FRANKLIN WI 53137 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Edward Dirk at (414) 531-3009 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution  S55.00 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	LOTHERS I L	.ر د		
2. The Articles of Organization were filed on <u>JANUARY</u> 20, 2015 and assigned				
document number <u>L15000011297</u>				
3. The delayed effective date the dissolution is (effective date cannot be printed as a second to be printed as a second t	f not effective on the date	of filing: 7/27/15		
Note: If the date inserted in this block does not listed as the document's effective date on the I	of meet the applicable statutor	y filing requirements, this date will not be		
4. A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	the limited liability compa on back cover letter).	any's dissolution pursuant to section		
NOT MOVING FORL	MRD WETH N	EM BUSINESS		
5. If there are no members, enter the name and activities and affairs:	d address of the person app	pointed to wind up the company's		
6. Signature of an authorized person or if ther listed above to wind up the company's activiti	e are no members, the sign es and affairs:	ature of the person appointed and		
Carolyn R. Duk.	Caraly	Printed Name		
F	ILING FEE: \$25.00	27 PM 4: 20 HASSEE, FLORI		