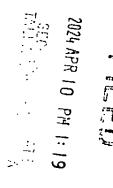
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Umib





94/16/24--91017--002 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 7979 Shadow Run (Name of Limited	Drive LLC	
	Zamanny Somilyany)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	e following:	
John T Whit	of Person)	
7979 Shadaw Run Drive LLC (Firm Company)		
277 NW 117 1 Ave (Address)		
Coral Springs Gity/State	F4 33 071 and Zip Code)	
For further information concerning this matter, please call:		
John T Whieldon (Name of Person)	at ( <u>727</u> ) <u>2</u> ) <u>5</u> - <u>13</u> <u>5</u> <u>7</u> (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	Street Address: Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	7979 Shadow Rrz Drive GLC
2.	The Articles of Organization were filed on $02/09/2015$ and assigned
	document number <u>61500092170</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:
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).
	Business dissolved - rental property sold
	2024 APR
	APR T
5	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: John T Whieldon 5 5
	277 NW 117 The Ave
	Cogal Springs Fl 33071
6. ah	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	John Tohn John Tohn Printed Name

FILING FEE: \$25.00