

L15000064090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

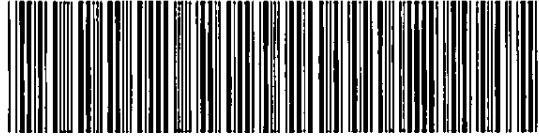
(Document Number)

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/02/2024

Acc#I20160000072

*eric DW*

Name:	Before the Border, LLC
Document #:	
Order #:	15898758

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
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Availability _____
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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
BEFORE THE BORDER, LLC
2. The Articles of Organization were filed on 04/13/2015 and assigned  
document number L15000064090
3. The delayed effective date the dissolution if not effective on the date of filing: upon 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 be listed as the document's effective date on the Department of State's records.

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).  
By consent of the majority members as authorized by the operating agreement.

By consent of the majority members as authorized by the operating agreement.

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Timothy Larson

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

2015 OCT -2 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
E11111111