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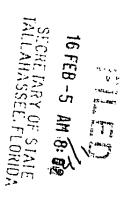
(Requestor's Name)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tarnoi Apiary, LLC

(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:

Laszlo Tarnoi

(Name of Person)

Tarnoi Apiary, LLC

(Firm/Company)

16134 Carlton Lake Road

(Address)

Wimauma, FL 33598

(City/State and Zip Code)

For further information concerning this matter, please call:

Laszlo Tarnoi

₃₁,813 \ 690-201

(Name of Person)

(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 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 Tamoi Apiary, LLC						
2.	The Articles of Organization	1 were filed on $\frac{3/31/20}{1}$	15	and assigned	 •		
	document number L1500007	70304					
3.	Note: If the date inserted in t	the the dissolution if not effective on the date of filing: tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be ffective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the lim copy 605.0707 on back	nited liability company's cover letter).	dissolution pursuar	it to section		
	Did not have enough capital to	continue.					
	•						
		· · · · · · · · · · · · · · · · · · ·					
5.	If there are no members, ent activities and affairs:	er the name and addres Laszlo Tarnoi	ss of the person appointe	ed to wind up the con	mpany's ⋝∽		
		16134 Carlton Lake Ro	oad		16 FE		
		Wimauma, FL 33598		(B-5		
6. lis	Signature of an authorized patted above to wind up the con	person or if there are no npany's activities and a	nembers, the signature	of the person appor	inted and		
	Lu Tui		Laszlo Tarnoi				
Signature		Print	ted Name				

FILING FEE: \$25.00