1150000087669

(Requestor's Name)	
(Address)	90037863
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/29/2101010
	sha sinterells
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	,
	raitulosas

Office Use Only



38689

P--016 **25.00

15/18/51

JAN 1 0 2022

COVER LETTER

TO: Registration Section Division of Corporations

ITS FAIRWAYS 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:

Jose Selanikio

(Name of Person)

The Benhayoun Law Firm

(Firm/Company)

12000 BISCAYNE BLVD., SUITE 221

(Address)

NORTH MIAMI, FL 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Selanikio

(Name of Person)

(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

l.	The name of a limited liability company is ITS FAIRWAYS LLC	
2.	The Articles of Organization were filed on 05/18/20	015 and assigned
	document numberL15000087669	_
3.	The delayed effective date the dissolution if not effective date cannot be prior to or magnetic. If the date inserted in this block does not meet the listed as the document's effective date on the Department.	ie applicable statutory filing requirements, this date w
4.	A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	ited liability company's dissolution pursuant to scover letter).
	Unanimous written consent by the all Members of the Co	
5.	If there are no members, enter the name and addres	s of the person appointed to wind up the compar
	activities and affairs:	
		i jou
6. lis	Signature of an authorized person or if there are no sted above to wind up the company's activities and a	members, the signature of the person appointed ffairs:
/	M + 0	
/ ,4		Jose Selanikio
/	Signature	Printed Name

FILING FEE: \$25.00