# LIS 000 203 958

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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Story lay Capital UC/ (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted	i for filing.		
Please return all correspondence concerning this matter to the	e following:		
$\mathcal{L}_{\mathcal{L}}$			
Tattm	(D)		
(Name	of Person)		
(Finn/Company)			
1112 / June 10 cus Da	idress)		
1713 Grantham Drive			
Wellmath, Florida 33414 (City/State and Zip Code)			
(City/State	and Zip Code)		
For further information concerning this matter, please call:			
Jill Patton	_a1(202) 246.2662		
(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:	Street Address:		
Registration Section	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

١.	The name of a limited liability company is
	Stree lien Capital UC
2.	The Articles of Organization were filed on 12/1/2015 and assigned
	document number <u>V15000 283958</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: \( \frac{120}{20} \) \( \frac{20}{20} \) \(
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).
-	<del> </del>
-	, said 19
_	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Jili Pather
	<del> </del>
6. abo	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:
	Jin Patha
	Signature Printed Name

**FILING FEE: \$25.00** 

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Street Loy C	aptul UC
Document number of Limited Liability Company is:	L15000 20 34155
Date of dissolution was: April 30, 2013	
Description of information that must be included in a writter	7023 May 5
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
Mailing address where claims can be sent: (Claims cannot be  Till Pattern  1713 Wantham Diver  Wellytw FC 33414	
A claim against the above named limited liability company version is commenced within 4 years after the filing of this no	
In Rithm	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00