

L16 0000009537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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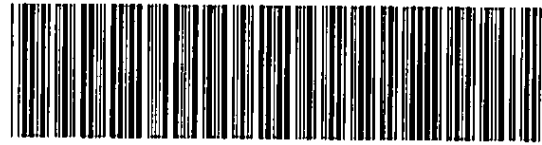
(Business Entity Name)

(Document Number)

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JUL 31 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Be The Game Changer 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:

Paola Morantes-Villalobos
(Name of Person)

(Firm/Company)

4225 Black Oaks Ln. N
(Address)

Plymouth, MN 55446
(City/State and Zip Code)

For further information concerning this matter, please call:

Paola Morantes-Villalobos at (941) 928-2305
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2021 JUL 13 AM 11:23

1. The name of a limited liability company is

BE THE GAME CHANGER, LLC

2. The Articles of Organization were filed on 1/13/2016 and assigned

document number L16000009537

3. The delayed effective date the dissolution if not effective on the date of filing: 7/13/2021

(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).

Moved out of the state of Florida.

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

Paola Morantes-Villalobos

4225 Black Oaks Ln. N.

Plymouth, MN 55446

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

Paola Morantes-Villalobos
Printed Name

FILING FEE: \$25.00