L16000171336

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| ≟ DENJG | | | | | | |
| AUG 1 7 2023 | | | | | | |
| | | | | | | |

Office Use Only



600411813676

97/14/23--01011--017 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | IIXII GLOBAL, LLC | | | | | | | |
|---|---|---|---------------------------|--|--|--|--|--|
| (Name of Limited Liability Company) | | | | | | | | |
| | rticles of Dissolution and fee(s) are submit | _ | | | | | | |
| ricase return an | correspondence concerning this matter to | the following. | | | | | | |
| | BRYAN, HARV | | | | | | | |
| | (Nan | ne of Person) | | | | | | |
| | IIXII (| GLOBAL, LLC | | | | | | |
| | (Firm/Company) | | | | | | | |
| | 1162 Skyline | | | | | | | |
| | (Address) | | | | | | | |
| | F W | , FL 32038 | | | | | | |
| | (City/Sta | te and Zip Code) | | | | | | |
| For further infor | rmation concerning this matter, please call: | | | | | | | |
| BRYA | N, HARV | 954 at () | 8211204 | | | | | |
| (Name of Person) | | | Daytime Telephone Number) | | | | | |
| Enclosed is a chec | ck 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) | | | | | | |
| | g Address: | Street Address: Registration Secti | ion | | | | | |
| _ | Registration Section Division of Corporations | | orations | | | | | |
| = | 3ox 6327 | The Centre of Tallahassee | | | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |

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.

| Printed Name of the Person Filing | Signature of the Person Filing |
|--|--|
| Bryan, Harv | Diego |
| A claim against the above named limited liability company claim is commenced within 4 years after the filing of this n | |
| - | |
| | |
| | |
| PO BOX 256 H. S., FL 32655 | |
| Mailing address where claims can be sent: (Claims cannot | pe sent to the Division of Corporations) |
| | 7 5 |
| | 2: 1 |
| | PK |
| | — |
| Owner Dissolved | 2023 JUL - |
| Description of information that must be included in a writte | |
| Date of dissolution was: | |
| Document number of Limited Liability Company is: | 00/1330 |
| Name of Limited Liability Company: L16000 | 00071236 |
| IIXII GLOBAL, LLC | |

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liab | • • • | DBAL. LLC | | |
|--|---|---|---------------------------|---------------------------------|
| 2. The Articles of Organization | on were filed on | 04/08/2016 | and assigned | |
| document number | L16000071336 | | | |
| 3. The delayed effective date (effective Mote: If the date inserted in listed as the document's effective date.) 1. **The delayed effective date in the date. 1. **The delayed effective date in the date in the date. 1. **The delayed effective date. 2. **The delayed effective date. 3. **The delayed effective date. 4. **The delayed effective date. 4. **The delayed effective date. 5. **The delayed effective date. 6. **The delayed effective date. 8. **The delayed effective date. 1. **The date in the date. 1. **The date in the date. 1. **The date in the date. 1. **The | this block does not meet | t the applicable statutory fi | date document is received | for filing) date will not be |
| 4. A description of occurrenc 605.0707, Florida Statutes, | e that resulted in the li (copy 605.0707 on ba | mited liability company ck cover letter). | 's dissolution pursuan | t to section |
| | Owner | Dissolved | | |
| | | | | SECRE! |
| | | | | |
| | | | | PH 2 |
| 5. If there are no members, en activities and affairs: | | ress of the person appoir N, HARV 1162 Skyline F | | m pa ny`s 5 m |
| | | | | |
| | | | | |
| Signature of an authorized above to wind up the compan | person or if there are i y's activities and affair | no members, the signaturs: | re of the person appoi | nted and liste |
| 2 | | | | |
| They | | BRYAN, HARV | | |
| Signature | | Pr | inted Name | |

FILING FEE: \$25.00