## L16000123692

(Requestor's Name)					
(Address)					
(Åddress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## COVER LETTER.

TO:

Registration Section

Div	rision of Corporations	•		•
SUBJECT:	3 LOG, LLC			
110001.011	(Name of Limi	ted Liability Compa	ny)	
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	ANTONIO CARDOSO			
	(Na	me of Person)	·· <del>·</del> ··	
	DBA EXCEL TOTAL BUSINESS			
(Firm/Company)				
	7575 KINGSPOINTE PKWY, SUITE#2			
(Address)				
	ORLANDO, FL 32819			
	(City/Sti	ate and Zip Code)		
For further in	nformation concerning this matter, please call	l:		
AN	ITONIO CARDOSO	407 at (	351-6656 X#102	
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a	check for the following amount			
■ \$25.00 Filing Fee and Certificate of Dissolution			Fee, Certificate of Dissolution & 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		<u> </u>

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is 3 LOG, LLC
2.	The Articles of Organization were filed on 06/24/2016 and assigned
	document number <u>L16000123692</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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).
	OWNER DECIDED TO STOP BUSINESS IN 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:  7575 KINGSPOINTE PKWY, SUITE#2, ORLANDO, FL. 32819
6. ab	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:
	ANTONIO CARDOSO - REGISTER AGENT
_	Signature Printed Name
	FILING FEE: \$25.00

FILED 2025 JAN 29 PN 5: 53

## NOTE: This page is optional This notice is submitted by the dissolved limited liability company named below for resc

Notice of Limited Liability Company Dissolution

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:	<del></del>	
Document number of Limited Liability Company is: L16000123692		
Date of dissolution was: 61/10/2025		
Description of information that must be included in a written claim;		
THE OWNER DECIDED TO STOP BUSINESS IN FLORIDA.		
	_	
	_	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		
7575 KINGSPOINTE PKWY, SUITE#2, ORLANDO, FL 32819		
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	) 	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	z iĥęj	
ANTONIO CARDOSO - ACCOUNTANT MANAGER		

Printed Name of the Person Filing