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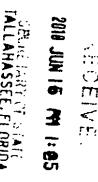
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Office Use Only



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J15-18

COVER LETTER

SUBJECT: BEACH BUMS BENILL		
(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:		
BENEDICT P. SCOZZARO (Name of Person)		
BEACH BUMS BEN, LLC (Firm/Company)		
1967 OAKBERRY CIR		
WELLINGTON, FL. 33414		
(City/state and Aip Code)		
For further information concerning this matter, please call:		
BEN SCOZZARO at 561, 906-1147		
(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:

TO:

Registration Section Division of Corporations

> 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

1. The many of a United States	v
1. The name of a limited liability BEACH	BUMS BEN, LLC.
2. The Articles of Organization	were filed on <u>JULY 22, 2016</u> and assigned
document number <u>L.16</u>	000/37700
Note: If the date inserted in thi	e dissolution if not effective on the date of filing: June 12, 2018 ate cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be we date on the Department of State's records.
605.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
THE BU	ISINESS WAS SOLD ON
	r the name and address of the person appointed to wind up the company's $BENED/cT$ P , $SCOZZARO$
activities and affairs:	
	1967 DAKBERRY CIR.
	WELLINGTON, FL.
	<u>3344</u>
6. Signature of an authorized pelisted above to wind up the comp	rson or if there are no members, the signature of the person appointed and pany's activities and affairs:
Duedic H.S.	Printed Name FILING FEE: \$25.00