L16000139088

(Requestor's Name)			
(,			
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(Address)			
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☐ PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE OCT 28 2016

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

YCM LIMITED LIABILITY COMPANY

(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:

lan Gardner	
. (Name of Person)	-
Yacht Construction Management	_
(Firm/Company)	-
1323 SE 17th Street Apt 348	
(Address)	-
Fort Lauderdale, Florida, 33316	2016
(City/State and Zip Code)	S T
For further information concerning this matter, please call:	
lan Gardner954 802 3629	<u> </u>
(Name of Person) (Area Code & Daytime Telephone Num	ber) o
Francisco di a cabanti fonsta fallancia a manusti	

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/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 name of a limited liab YCM LIMITED LIABILITY	- •	
2. The Articles of Organizati	on were filed on July 25 2016	and assigned
document number L16000	139088	
Note: If the date inserted in		ays later than date document is received for filing) e statutory filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	te that resulted in the limited liability (copy 605.0707 on back cover letter	ry company's dissolution pursuant to section er).
Changed name to Yacht Refit	• • •	,
5. If there are no members, en activities and affairs:	nter the name and address of the per lan Gardner	rson appointed to wind ap-the deshpany's
		LED 27 P : 02 RY OF STATE SEE. FLORIDA
 Signature of an authorized isted above to wind up the co 	person or if there are no members, impany's activities and affairs:	the signature of the person appointed and
Ja Lan	Ian Gard	
Signature		Printed Name

FILING FEE: \$25.00