L16000140812

(5)		
(Re	equestor's Name)	
(Ac	Idress)	
`	•	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	-
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(De	ocument Number)	
(=:	,	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



400289722854

09/07/16--01008--011 **25.00

TAT LAHASSTEL PLOKIDA

-6 AH II: 03

Otal 8

AdiA0.13 3388 NHA 1.147

COVER LETTER

MAILING ADDRESS:	STREET/COURIER ADDRESS:
■ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Enclosed is a check for the following amount:	
(Name of Person)	(Area Code & Daytime Telephone Number)
Ludwig 5. Jokton	(Area Code & Daytime Telephone Number)
For further information concerning this matter, please call	l:
(City/st	and Zip Couc)
WASTON (Cin/S)	1 = 33326 Late and Zip Code)
	,
1.0. Box	266272 (Address)
Nako Gze	m/Company)
(Na	5. SORFINEIRA
/ \	
Please return all correspondence concerning this matter to	o the following:
	-
The enclosed Articles of Dissolution and fee(s) are submi	itted for filing
SUBJECT: (Name of Limit	ited Liability Company)
1, 2, 3, 15	
TO: Registration Section Division of Corporations	4.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ì.	The name of a limited liability company is
	/N É OUT 17070RS /CC.
2.	The Articles of Organization were filed onand assigned
	document number <u>216000140812</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).
	1)1550 CUTTON WAS APPROVED BY THE
	Solars Nollers -Ve Maria 368 of VOTES
	CAST FOR) 1550 COTTON WAS SUFFICIENT
	CAST TOE) ISSOCUTION WAS SUFFICIENT TO THE TOP TO THE
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	F SIA
	DA
	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	A Colores 5 DORTHERE
	Signature Printed Name Printed Name

FILING FEE: \$25.00