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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations	
Edana, LLC SUBJECT:	
	Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are s	ubmitted for filing
Please return all correspondence concerning this mat	
Joseph H. Brown, Esq.	
	(Name of Person)
Blount Law, PL	
	(Firm/Company)
809 Walkerbilt Road Stc 7	
	(Address)
Naples, FL 34110	
(Ci	ty/State and Zip Code)
For further information concerning this matter, please	call:
Joseph II. Brown	239 5924815 at ()
(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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Edana, LLC		
2.	The Articles of Organization were filed on 9/7/2016 and assigned		
	document number L16000167305		
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 listed as the document's effective date on the Department of State's records.) not be	
	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). Unanimous consent of members.	ion	
-		•	
_		•	
_			
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
6. S abo	Signature of an authorized person or if there are no members, the signature of the person appointed and ve to wind up the company's activities and affairs:	listed	
a	Signature Augels Witsopar 18	2023 HAY 19	SECKÉ)
	FILING FEE: \$25.00		ARY
		AM 10	305 15 15 15 15 15 15 15 15 15 15 15 15 15

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.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Name and address of claimant, account and/or reference number, and amount remaining owed on claim.
2023
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Blount Law, PL 809 Walkerbilt Road Ste 7
Blount Law, PL
809 Walkerbilt Road Ste 7
Naples, FL 34110
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
hyelo Nitropoulos and I
Printed Name of the Person Filing Signature of the Person Filing

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