# L16000182436

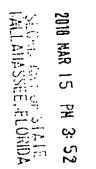
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# **COVER LETTER**

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TO: Registration Section Division of Corporations		
SUBJECT: Dynamax Real Estate Grap (Name of Limited Liability Company)	_CC	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Maxine Whinnett		
Dynamax Real Estate G (Firm/Company)	nab_	
4483 Chaires (1055 rd (Address)	<del></del>	
Tallahassee, FL 32317 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Alexandra Cariffin at (371) 436 (Name of Person) (Area Code & Daytime	i - 574   e Telephone Number)	
Enclosed is a check for the following amount:  \$\sum \$\sum \text{\$\sum \sen \text{\$\sin \text{\$\	cate of Dissolution & al 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

ì.	The name of a limited liability company is
	Dynamax Beal Estate Grap LLC
2.	The Articles of Organization were filed on $\frac{Q/30/2016}{}$ and assigned
	document number <u>L 16000182436</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 3/15/18 (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 b 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 experienced a life changing event affecting
	Owner experienced a life changing event affecting her health and ability to operate a business at this
5	. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
í l	5. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:
	Alexandra Grifin Printed Name

FILING FEE: \$25.00