

L16 000 184936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

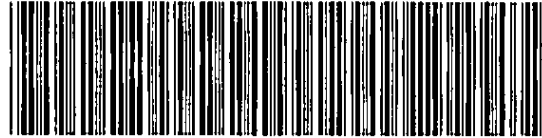
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900380068489

01/24/22--01024--011 **25.00

FILED

2022 JAN 24 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 03 2022

COVER LETTER

TO: Registration Section
Division of Corporations
3395 Shipping LLC

SUBJECT: _____
(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:

Michel Nedeff

(Name of Person)

3395 Shipping LLC

(Firm/Company)

920 Coral Way

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Michel Nedeff

786

602-2263

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

FILED

2022 JAN 24 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
3395 Shipping LLC

2. The Articles of Organization were filed on 03/15/2017 and assigned

document number 81-4131934

L16000184936

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).

This was a development company for one duplex building. Both units were sold so the company has no more business purpose

This was a development company for one duplex building. Both units were sold so the company has no more business purpose

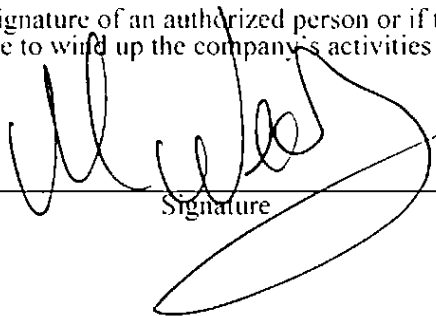
This was a development company for one duplex building. Both units were sold so the company has no more business purpose

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Michel Nedeff

920 Coral, Coral Gables, FL 33134

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:



Signature

Michel Nedeff

Printed Name

FILING FEE: \$25.00