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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CVAH CALENNO IC (D) THE LUNCH DOX (Name of Limited Liability Company)		
J (Name of Emilies Blacking Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Hame Etg. Cham)		
(Firm/Company)		
139 804h ave NE		
(Address) STORING FL 33702 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (1) 10 - 6458 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:  \$\sum \text{S25.00 Filing Fee and Certificate of Dissolution}\$  \$\sum \text{S25.00 Filing Fee, Certificate of Dissolution}\$  \$\sum \text{Certified Copy (additional copy is enclosed)}\$		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The r	ame of a limited liability company is
(	rational le
	11/02/21
2. The	Articles of Organization were filed on $\frac{11/33/3010}{3000}$ and assigned
docui	ment number \ \_\( \lambda \) \( \l
Note	elayed 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be as the document's effective date on the Department of State's records.
4. A de:	ecription of occurrence that resulted in the limited liability company's dissolution pursuant to section 707. Florida Statutes, (copy 605.0707 on back cover letter).
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<u> </u>	and virus / lease was exprine
	2
	.~
	PH 3: 47
	ties and affairs:  WOTM VOOT  ties and affairs:
	139 804h ave NE
	st petersburg fi 33702
6. Signa above to	ture of an authorized person or if there are no members, the signature of the person appointed and listed wind up the company's activities and affairs:
_	Kington word
<del>(-</del>	Signature Printed Name
_	

**FILING FEE: \$25.00**