

217 000006384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

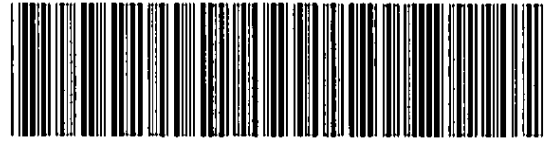
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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08-14-2011 13:10:11 **25.00

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CLERK OF STATE
OFFICE OF CORPORATIONS
20 AUG 14 AM 11:12

Dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monoral Ventures LLC

(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:

Michael J. Hutfless

(Name of Person)

Monoral Ventures LLC

(Firm/Company)

1951 Downing Place

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Hutfless

(Name of Person)

937

750-3074

at (

(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

FILED
TALLAHASSEE
20 AUG 11 AM 11:12

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Monoral Ventures LLC

2. The Articles of Organization were filed on 1/10/2017 and assigned

document number L17000006384

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).

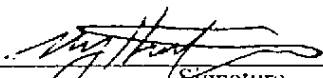
Upon vote of all members

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

1951 Downing Place

Palm Harbor, FL 34683

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

Michael J. Hutfless

Printed Name

2017 JAN 11 12

DEPT. OF STATE
CORPORATION DIVISION