117000069988

(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:		
Q. SILAS		
APR 2 8 2022		

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7027 APR || PH 4: 04
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	; ,	
SUBJECT: Courtney Bia	inco 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:		
Courtney Bianco (Name of Person)		
Courtney Bianco LLC (Firm/Company)		
6012 Village Center Drive		
Lithia Florida 33547 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Courtney Bianco (Name of Person)	at (813) 789-7733 (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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
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The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

1. The name of a limited liability company is	2022 APR 11 PM 4: 04	
Courney Blanco LLC.	SECRETARY OF STATE	
2. The Articles of Organization were filed on April 8	TALLAHASSEE, FL 2022 and assigned	
document number <u>L1700006988</u>		
3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 d. Note: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of State's	ays later than date document is received for filing) c statutory filing requirements, this date will not be	
4. A description of occurrence that resulted in the limited liabilit 605.0707, Florida Statutes, (copy 605.0707 on back cover letter	y company's dissolution pursuant to section er).	
	otographs. I had	
No employees. I return	ed to a ful-	
time job working for someone and		
no longer have the time	ne to run business	
5. If there are no members, enter the name and address of the person appointed to wind up the company's		
activities and affairs: No membe	RS - one	
person (m.	yself)	
•	•	
6. Signature of an authorized person or if there are no members, above to wind up the company's activities and affairs:	the signature of the person appointed and listed	
V (R	. D	
outne Signature Co	Printed Name	

FILING FEE: \$25.00