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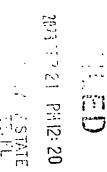
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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84/21/23--01009--023 **25.00





COVER LETTER

	stration Section ion of Corporations				
SUBJECT: _	ORANGE PEPPER MANAGEMENT LLC				
SOBJECT: _	(Name of Limi	ted Liability Company)			
The enclosed A	Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return a	all correspondence concerning this matter to	the following:			
	(Na	me of Person)			
The Gordon LawFirm P.A.					
	(Firm/Company) P.O Box 599 (Address)				
	Lutz, Florida 33548				
	(City/St	ate and Zip Code)	57 / 21 PH I2: 20		
For further inf	ormation concerning this matter, please call	l:			
Farhood Basiri		-407 -412-7467 at ()			
	(Name of Person)	at () (Area Code & Daytime Telephone Number)			
Enclosed is a ch	teck for the following amount:				
■ \$25.0°	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	ing Address: estration Section	Street Address: Registration Section			
Divi	Division of Corporations Division of Corporations				
	Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil ORANGE PEPPER MANAG	, ,					
2.	The Articles of Organizatio	n were filed on (04/19/20)	17	and assigned	d		
	document number $\frac{1.1700000}{1.17000000}$	86817	_				
3.	The delayed effective date to teffective Mote: If the date inserted in this listed as the document's effective date.	this block does not meet the	e applicable statutory filin	te document is recei			ot be
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limit copy 605,0707 on back	ted liability company's (dissolution purs	uant to	seçtic	n
	All members consent to the dis	, <u>-</u>			•	3	
					: .	<u></u>	:
		. <u>. </u>			:"		
				!	7 (S) 1 (S) 1 (S)	:2:	(
				,	r in	04	
5.	If there are no members, en activities and affairs:	ter the name and address Farhood Basiri	of the person appointed	d to wind up the	compa	my's	
		2020 W Pensacola St					
		Suite 210-240	<u> </u>				
		Tallahassee, Florida 323	504				
6. ab	Signature of an authorized pove to wind up the company	person or if there are no is activities and affairs:	members, the signature	of the person ap	pointe	d and	listed
	J. Privi		Farhood Basiri				
	Signature		Print	ed Name			

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

1 a

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is: 1.17000086817	
Date of dissolution was: 4/19/2023	. • 3
Description of information that must be included in a written claim:	125 PO .
Include name, contact information, and details of why you believe you have a valid claim.	
	PH 12: 21
	20
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Co The Gordon LawFirm LPA.	rporations)
P.O. Box 599	_
Lutz, Florida 33548	-
A claim against the above named limited liability company will be barred unless a procedaim is commenced within 4 years after the filing of this notice.	eeding to enforce the
Farhood Basiri	W
Printed Name of the Person Filing Signature of the P	erson Filing