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PICK-UF	P WAIT	MAIL		
	(Business Entity Name)			
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## **COVER LETTER**

	ration Section on of Corporations		A 110
SUBJECT:	3900 N. J	ohn Young	Pkny, 110
	(Name of Limite	d Liability Company)	
The enclosed A	rticles of Dissolution and fee(s) are submitte	ed for filing.	
Please return al	I correspondence concerning this matter to t	he following:	
	ANASTASi	H HVER bong e of Person) L la Vestuc VCompany)	Es_
	(Nan	e of Person)	
	Area forke	a lavestu	erts, llC
			•
	5036 Dr.	Phillips bl	# 373
	(/	Address)	
	or (Hudo,	FC 32815	?
		e and Zip Code)	
For further info	rmation concerning this matter, please call:		
AI	Avef bon Es (Name of Person)	407 40	8 -3554
, <u>, , , , , , , , , , , , , , , , , , </u>	(Name of Person)	(Area Code & Daytime 1	Telephone Number)
Enclosed is a che	eck for the following amount:		
\$25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificat Certified Copy (additional	
	MAILING ADDRESS:	STREET/COUF	RIER ADDRESS.
	Registration Section	Registration Sect	,
	P.O. Box 6327	Division of Corp Clifton Building	orations
	Tallahassee FL 32314	2661 Evecutive (	Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  2 900 N Lo bay Your Oky //					
2. The Articles of Organization were filed on 5/10/17 and assigned					
document number					
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).					
Change of member a Ramugeant,					
We will have to file a vew Ill wit	4 6				
change of member arrangeant, we will have to file a vew IIC with different memberting					
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  ANRS FASIQ FREE IN EG					
5036 Da. Phi Cipa bly					
# 373					
Ophores FC 32819					
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:					
Anastasia Averbukh	_				
Frinted Name					
FILING FEE: \$25.00					