L17000 123843

(Requestor's Name)	_					
(Address)						
(Address)						
(Addless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	—					
(Business Entry Hume)						
(Document Number)						
Certified Copies Certificates of Status						
	\neg					
Special Instructions to Filing Officer:						
	$_ ig]$					





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COVER LETTER

	O: Registration Section Division of Corporations							
SUBJECT: FROM THA MUDD LLC								
(Name of Limited Liability Company)								
The enclosed Artic	les of Dissolution and fee(s) are submitted	for filing.						
Please return all co	rrespondence concerning this matter to the	following:						
<u></u>	WAGNER L. SHELL, SR.							
(Name of Person)								
_	(Firm/Company)							
3	3116 NEEDLES DR.							
		ress)						
C	ORLANDO, FL 32810							
		nd Zip Code)						
For further informa	ation concerning this matter, please call:							
WAGNE	ER L. SHELL, SR.	at (407) 704-4780 le & Daytime Telephone Number)					
-	(Name of Person)	(Area Co	de & Daytime Telephone Number)					
Enclosed is a check I	for the following amount:							
Mailing Address: Street Address:								
Registra	tion Section	Registration Section						
	of Corporations	Division of Corporations The Centre of Tallahassee						
P.O. Bo Tallahas	x 6327 ssee, FL 32314	2415 N. Monroe Street, Suite 810						
, and the	5000 C to 5 mo t 1	Tallahassee, FL 32303						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability	ity company is						
	FROM THA MUD LLC							
2.	The Articles of Organization	n were filed on JUNE	06, 2017	and assigned				
	document number L17000	123843						
3.	Note: If the date inserted in t	we date the dissolution if not effective on the date of filing: 02/15/2022 (effective date cannot be prior to or more than 90 days later than date document is received for filing) serted in this block does not meet the applicable statutory filing requirements, this date will not be not's effective date on the Department of State's records.						
4.	A description of occurrence 605.0707, Florida Statutes. (that resulted in the lim copy 605.0707 on back	ited liability company's (cover letter).	dissolution pursuan	t to section			
	Registered Agent - Decea	sed	<u></u>					
					:			
				_ 	 _			
					. 			
		-						
5.	If there are no members, entactivities and affairs:	ter the name and addres		d to wind up the co				
		3116 NEEDLES	DR.		·			
		ORLANDO FL 328	10					
6. al	Signature of an authorized poove to wind up the company	person or if there are no 's activities and affairs	o members, the signature	of the person appoi	inted and listed			
,,		1						
ŕ	100 324 d- 11	Wase.	WAGNER L. SHEL					
Signature			Print	ed Name				

FILING FEE: \$25.00