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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OUTPUT Sleep. LLC	
SUBJECT: (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:	
RONALD S. SMITH (Name of Person)	
(Name of Person)	
Pritair Slore LLC	-
(Firm/Company)	
1 Appen 6000 # 201	
(Address)	•
Delray Beach, Florida 33446. (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
RONACT SMITH at (561) 445-3655 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) - (Area Çode & 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/COURIER ADDRESS	:
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability company is Output Sleep, LLC
2	The Articles of Organization were filed on June 26, 2017 and assigned
۷٠	document number <u>L 17000138096</u>
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). The nember voled to dessolve the business due to the
	Capital. Approved by all members at meeting dated November 15, 2018.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Detray Beaco. Hourda 33446
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	RONALD SMITH
	Signature Printed Name

FILING FEE: \$25.00