L17000 161318

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		
opedial mandedona to t	ining Officer.	





900307058439

01/02/18--01021--017 **25.00

SECREMENT SERVICES
SUPERIOR OF CORPORATIONS
18 JAN - 2 PM 1: 19

K. SALY JAN -3 2018

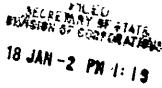
JOVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: The Bonemian Mermas (Name of Limited Liability)	d Islamorad, LLC dissolution
The enclosed Articles of Dissolution and fee(s) are submitted for file	ng
Please return all correspondence concerning this matter to the follow	ving:
Alexa Oconno	2 <u>(</u>
The Bohemian Mc	rmaid
82693 Everseas	Havy
Islamorada, FL (City/State and Zip	3303 Code)
For further information concerning this matter, please call:	
Alena Connell ar. (Name of Person)	(Area Code & Daytime Telephone Number)
	55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section. Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



_	a limited liabili				Z PN
The Do	hemian 1	Nermand ?	Islamorad	a, LCC	·
z Articles	or Organization	were filed on	July 27, 2017	and assigned	
document nu	imber <u>L17</u> 0	500/6/318	-		
Note: If the	effective date inserted in th	late cannot be prior to o is block does not mee	effective on the date of r more than 90 days later tha et the applicable statutory ment of State's records.	filing: in date document is received for filing requirements, this date	filing will not be
4. A description 605.0707, Flo	n of occurrence orida Statutes, (c	that resulted in the lopy 605.0707 on ba	limited liability compar ack coyer letter).	nv's dissolution pursuant to	o section
diss	solved	partner	ENIP		
•		1	\		
					
	7.				
5. If there are n activities and		er the name and add	\sim	inted to wind up the comp	any`s
					 -
				· · · · · · · · · · · · · · · · · · ·	<u> </u>
Signature of above to v	an authorized powind up the com	erson or if there are pany's activities an	no members, the signat d affairs:	aire of the person appointe	d and
alen.	a Oras	mell	Alen	a Cronnall	
	Signature	<u>, </u>	<u> </u>	rinted inam.	

FILING FEE: \$25.00