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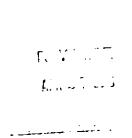
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

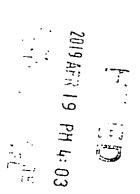
Office Use Only



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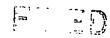


COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Exclanding (Name of Limited)	Liability Company)
The enc	losed Articles of Dissolution and fee(s) are submitted	for tiling.
Please re	eturn all correspondence concerning this matter to the	following:
	Pebec (Name o	ec Nearon
	Exclama (Firm/C	ompany)
	2331 St	ockton Dr dress)
	Sa Ho OD.	5. (3.377) nd Zip Code)
For furth	her information concerning this matter, please call:	
	Rebecce Niemann (Name of Person)	at (-1017) -106 - 2474 (Area Code & Daytime Telephone Number)
Enclosed	I is a check for the following amount:	
V	7\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



۱.	The name of a limited liability company is 0.0 2019 APR 19 PH 4: 03
	Exchange Proposals to the Emit
	The Articles of Organization were filed onand assigned
	document number <u>L17 060 170 57 3</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 4-20-19 (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).
	Closing business to pursue a full time
-	O Company of the comp
	position as a proposal manager.
	Exclandadora was a fullance position.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Reforce Diena
	owner of proposal writer
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Debeca Viernann Kebecca Viernann
	J Signature Printed Name

FILING FEE: \$25.00