L17 000 221 522

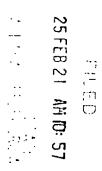
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: $D = D = D = D = D = D = D = D = D = D $	Liability Company)	
(Name of Entited	(Bladinty Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this matter to th	ne following:	
Debora	ch Linden	
(Name	of Person)	
	Company)	
8612 Via	a Bella Notte	
Or land c	a Bella Notte ddress) FL 32836 and Zip Code)	
For further information concerning this matter, please call:		
Deborah Linden (Name of Person)	at (401) 342-5409 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee and Certificate of Dissolution	\$555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Ι.	The name of a limited liability company is $ \Delta L = 6.724 + 1.100 + 1.1$
2.	The Articles of Organization were filed on $\frac{10/25/2017}{}$ and assigned
	document number <u>L17000221522</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).
	Property in all was site.
	11.Choloner needed.
	. N
	- m
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
	activities and allairs:
	> 7
	·
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	ove to wind up the company's derivines and distants.
(Effortisken Deborah Linden
7	Signature Printed Name

FILING FEE: \$25.00