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FOR LOSSYRY THE SECOND

COVER LETTER

	legistration Section Division of Corporations		
SUBJECT	Students4H2O, LLC		
, OBJE, C		ed Liability Company)	
The enclos	sed Articles of Dissolution and fee(s) are submit	ted for filing.	
Please rett	irn all correspondence concerning this matter to	the following:	
	Adam M. Fetterman		
	(Nar	ne of Person)	
	The Fetterman Firm, PLLC		
	(Firm/Company)		
	10380 SW Village Center Dr., #328		
		Address)	
	Port St. Lucie, FL 34987		
	(City/Sta	te and Zip Code)	
or further	r information concerning this matter, please call:		
P	Adam Fetterman	772 202-3261	
	(Name of Person)	(Area Code & 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 Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A'LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is STUDENTS4H2OLLC
2.	The Articles of Organization were filed on NOVEMBER 9, 2017 and assigned
	document number L17000232299
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 limited liability company has not since filing its Articles of Organization conducted any business and it will
	not conduct any business in the future.
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:
	26 AH 7: 5
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:
4	MCMCIMA AUTICA MCA CIAI Signature Printed Name

FILING FEE: \$25.00