

L180000009211

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

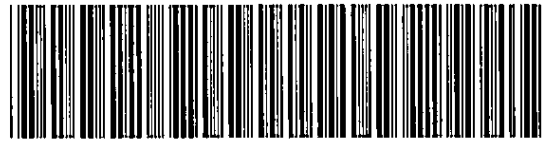
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HORNE  
NOV - 1 2021

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10/20/21--01011--019 \*\*25.00

FILED  
2021 OCT 20 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6901 Lingo LLC.

\_\_\_\_\_  
(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:

AMBR

\_\_\_\_\_  
(Name of Person)

Lomna LLC.

\_\_\_\_\_  
(Firm/Company)

3225 Mcleod Drive, Suite 100

\_\_\_\_\_  
(Address)

Las Vegas, NV 89121

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2021 OCT 20 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

6901 Lingo LLC.

2. The Articles of Organization were filed on 01/10/2018 and assigned

document number L18000009211

3. The delayed effective date the dissolution if not effective on the date of filing: 07/20/2021  
(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).

Sold the property

Sold the property

Sold the property

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

AMBR

3225 McLeod Drive, Suite 100

Las Vegas, NV 89121

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

AMBR

Printed Name

FILING FEE: \$25.00