# 118000010868

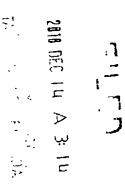
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

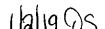
Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

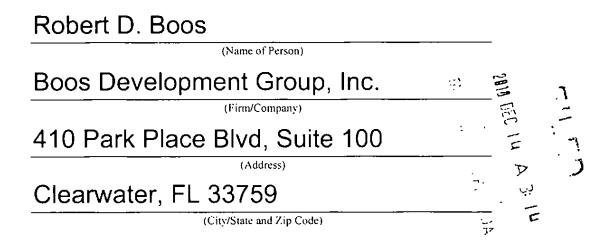
SUBJECT

BOOS- OR HELENA, 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:



For further information concerning this matter, please call:

Michael Korcheck at (727) 669-2900 (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is BOOS- OR HELENA, LLC		·
2.	The Articles of Organization were filed on $\frac{01}{2}$	11/2018 and assigned	
	document number L18000010868		
3.		or more than 90 days later than date document is received eet the applicable statutory filing requirements, this d	
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on l	e limited liability company's dissolution pursual back cover letter).	nt to section
	The LLC has sold its assets and no longer has any be	ousiness to conduct.	
		=:	2010
			DEC
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
5.	If there are no members, enter the name and ad activities and affairs:	Idress of the person appointed to wind up the co	ompany s
			_
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities a	re no members, the signature of the person appound affairs:	inted and
	Wohnt J. Br	Robert D. Boos, Manager	
Signature		Printed Name	

FILING FEE: \$25.00