## 1800035699

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP		
(Bu	usiness Entity Name)	
(Ďc	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
	Office Use Only	



12/03/18--01013--013 \*\*25.00

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12/7/18 DS

## **COYER LETTER**

TO: Registration Section Division of Corporations

The House of Fades Barbor Shop L.L.C. SUBJECT: \_ (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:

(Name of Person)	· · · · · · · · · · · · · · · · · · ·
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	, .
(Firm/Company)	ري) الاي
,	1
1320 Lexington So Sw	
(Address)	لبب
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	•,
VERO BEACH, FL 32962	

For further information concerning this matter, please call:

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

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The House	of Fades Barbor Shop L.L.C.	<u> </u> .
2. The Articles of Orga	nization were filed on $\frac{2 2 2oi8}{2oi8}$ and assigned	
document number	18000035699	
() <u>Note:</u> If the date inse	date the dissolution if not effective on the date of filing: flective date cannot be prior to or more than 90 days later than date document is received for filin ted in this block does not meet the applicable statutory filing requirements, this date will is effective date on the Department of State's records.	
<ol> <li>A description of occi 605.0707, Florida Sta</li> </ol>	rrence that resulted in the limited liability company's dissolution pursuant to secures. (copy 605.0707 on back cover letter).	ection
Formed	He L.L.C. but Never started the business	•
	of to proceed Any Further. !	
	• •	
<u> </u>		
		- <u>-</u>
5. If there are no memb	rs, enter the name and address of the person appointed to wind up the company	v s
activities and affairs:	David Broder	
		ر <u>.</u>
	1320 Lexington Sq SLU 5	
	VERO BEACH, FL. 32962	

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:

DAVID A. Broder Printed Name A Signature

FILING FEE: \$25.00