L180000 36/02

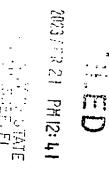
(Req	uestor's Name)				
(Add	ress)				
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(City	/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to dissolve a Florida Limited Liability Company.

A limited liability company can voluntarily dissolve by filing articles of dissolution with the Division of Corporations that meet the requirements of 605.0707, Florida Statutes.

The fees are as follows:

\$25.00 Filing Fee and automatic certificate of dissolution \$30.00 Certified copy (optional)

Submit one check made payable to the Florida Department of State. Please include a cover letter containing your telephone number and return address. A letter of acknowledgment and certificate of dissolution will be issued after the dissolution has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF DISSOLUTION IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

COVER LETTER

T:(Name of Limited Liability Company)				
bmitted for filing.				
er to the following:				
(Name of Person)				
(Firm/Company)				
306 Cape Cod Cir Apt B				
(Address)				
Lake Worth, FL 33467				
y/State and Zip Code)				
call:				
561 662-1342				
at ()				
☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
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

1.	The name of a limited liability company is Edward A Cushman LLC				
2.	The Articles of Organization	n were filed on $\frac{07/17}{1}$	7/2014 and	assigned	
	document numberL1800003	36102	<u></u>		
3.	(effective	date cannot be prior to o his block does not mee	effective on the date of filing:	ent is received for filing) ements, this date will not b	
4.	A description of occurrence 605.0707, Florida Statutes, (Principle Retired	that resulted in the l copy 605.0707 on ba	imited liability company's dissolut ack cover letter).	ion pursuant to section	
				2023	
				APR 2	
				I PI	
	If there are no members, entactivities and affairs:	ter the name and add Edward A Cushman	ress of the person appointed to win	nd up-the-company's	
		306 Cape Cod Cir A	Apt B		
		Lake Worth, FL 33-	467		
6.	Signature of an authorized pove to wind up the company	person or if there are	no members, the signature of the p	erson appointed and list	
ав	ove to wind up the company	s activities and arrai	115.		
ć	dward a Cu	Musan	Edward A Cushman		
Signature		Printed Nam	Printed Name		

FILING FEE: \$25.00