11800060947

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations	
SUBJECT: FOR MY GRANDKI	IDS. LLC
	d Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Brian R Mc Cos	2 NICK
	e of Person)
(Firm	/Company)
1/=== n4'-1 n4	01.050
4032 Misty M	arning Place Jos &
a	Address) FL 32707 e and Zin Code)
<u>Casselberry</u>	FL 32707 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
For further information concerning this matter, please call:	LORIDA STATE
Carlon da M. MacCarnia	
Gertrude M McCornic (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	Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
FOR MY GRANDKIDS, LLC
2. The Articles of Organization were filed onO3/08/18 and assigned
document number <u>L18000060947</u>
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).
We received had advice concerning the need to form
a Limited Liability Company for a home that we no longer lease or use as a business. Our daughter lives in the home and we plan to give it to her. So it is the Consent of both members to dissolve. If there are no members, enter the name and address of the person appointed to wind up the company is
activities and affairs:
SSE L
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 Certude McCorrick Printed Name

FILING FEE: \$25.00