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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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Special instructions to Fi	illing Officer.	

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2019 MAR -4 PM 12: 54 SECRETARY OF STATE FALLAHASSEE, FLORES

APPROVEU AND FILED

 $\sqrt{S/A}$

COVER LETTER

TO: Registration Section Division of Corporations	
	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submittee	f for filing.
Please return all correspondence concerning this matter to the	e following:
Vickie Me Name	of Person)
(Firm)	(PARENTOF! MEMBE
1510 Wa	Migton Plage &
Greens	See 10種で2 つん、のcc
	And Zip Code) PH 12: 54 PH 12: 54
For further information concerning this matter, please call:	
(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: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
rananasco. Ca dud 17	LOUI EXCENTIVE CONCLUSION

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is MKROZIE & FOOL LLC
2.	The Articles of Organization were filed on and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: 12 2 3 4 4 5 6 (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). ONLY TWO MONTHS AFTER THE LLC
	WAS FORMED, ONE MEMBER, BRANGEN
_	FORD, OVERDOSED AND LEFT FLERISA
	WHEREAGOUTS UNKNOWN) TAN MERE SHE
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: VICKIE MCKENZIE
	1510 Worthington Pl.
	Greensborg NC 27410
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
\ . <i>J</i>	ick - WEKENZIE VICKIE MEKENZIE
	Signature Printed Name

FILING FEE: \$25.00