<u>LIBOOO 87351</u>

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cir	ty/State/Zip/Phone	e #)
		MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
ertified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	



04/04/19--01008--030 **25.00

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COVER LETTER

TO: **Registration Section Division of Corporations**

(Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Gorman-Anich (Name of Person) Local on 30A (Firm/Company) 90 N Laike Drive (Address) Santa Rosa Belich FL 32459 (City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Gorman-Anich at (850, 890-6850 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

XI S25.00 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

• . •

Local on 30A LLC
2. The Articles of Organization were filed on $Apr 5, 2018$ and assigned
document number <u>L18000087351</u>
3. The delayed effective date the dissolution if not effective on the date of filing: <u>1 April 2019</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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.
 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).
- no longer active entity
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: <u>Leslie Aorman - Uned</u>
activities and affairs: <u>Leslie Horman - and address of the person appointed to while up the company's</u> <u>90 N Lake Winne</u>
Santa Rosa Brack, FL
32459
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:

Yezlin Golman - anich Signature Leslie Gorman-Amich Printed Name

FILING FEE: \$25.00