L18000143386

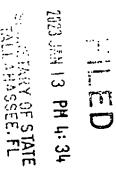
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duniana Fakka Mana)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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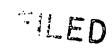
01/13/23--01017--013 **25.00



COVER LETTER

	tration Section ion of Corporations					
BJECT:	Burke LLC					
	(Name of Limi	ted Liability Company)				
e enclosed A	Articles of Dissolution and fee(s) are submi	tted for filing.				
ease return a	Il correspondence concerning this matter to	the following:				
	Thomas Burke					
	(Name of Person)					
	Burke LLC					
	(Firm/Company)					
	22170 Bavarian Place					
	(Address)					
	Brooksville, FL 34601					
	(City/Sta	ate and Zip Code)				
or further info	ormation concerning this matter, please call	:				
Thomas Burke		727 409-8885				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
iclosed is a che	eck 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)				
	ng Address:	Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				
		Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



2023 JAN 13 PM 4: 34

١.	The name of a limited liabil	ty company is			5 PA 4: 34		
	Burke LLC			15 15 15 15 15	Y OF STATE		
2.	The Articles of Organization	were filed on June	11, 2018	and assigned	osee, fu		
	document number L18000143386						
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 605.0707, Florida Statutes, (that resulted in the licopy 605.0707 on ba	imited liability company's ack cover letter).	dissolution pursuant to s	section		
	Owner determined that continued operation of Burke LLC is not economically justified						
5.	If there are no members, ent	er the name and add	ress of the person appointe	ed to wind up the compar	ny's		
	activities and artains.	22170 Bavarian Plac	ce				
		Brooksville, FL 34601					
6. ab	Signature of an authorized pove to wind up the company	erson or if there are s activities and affai	no members, the signature rs:	of the person appointed	and listed		
ے	Thomas Bur	he	Thomas Burke				
Signature			Print	Printed Name			

FILING FEE: \$25.00