L18000145132

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

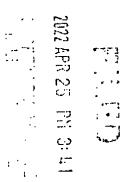
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Điv	rision of Corporations	•	•	4	
SUBJECT:	Patricia Sokol LLC			. •	
SOBJECT.		ted Liability Comp	any)		
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Patricia Sokol LLC				
	(Na	me of Person)			
	Patricia Sokol LLC				
	(Firm/Company)				
	3215 Exposition Blvd, A21				
	(Address)				
	Austin, Texas 78703			: 2	
	(City/St	ate and Zip Code)		1022 A	
For further in	nformation concerning this matter, please call	l:		2022 APR 25	
Pati	ricia Sokol	305 at (439-9223	· · · · · · · · · · · · · · · · · · ·	
	(Name of Person)	(Area C	Code & Daytime Teleph		
Enclosed is a	check for the following amount:			• : =	
■ \$25	.00 Filing Fee and Certificate of Dissolution		ng Fee, Certificate of Di. Copy (additional copy i		
	iling Address:	Street Addre			
	gistration Section vision of Corporations	Registration of	Corporations		
	P.O. Box 6327 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 co	ompany is	<u></u> .				
2.	. The Articles of Organization wer	re filed on and assigned					
	document number L18000145132						
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 605.0707, Florida Statutes, (copy	resulted in the limited liability company's dissolution pursuant to see 605.0707 on back cover letter).	ection				
	Relocated	to Texas and					
	is vens	stered as conducting.	2				
	busin	res there.	22 x = ===				
5.		ne name and address of the person appointed to wind up the compan tricia Sokol					
	321	15 Exposition Blvd, A21	က် ယ င				
	Au	istin, Texas 78703					
	_						
6. ab	 Signature of an authorized person bove to wind up the company's act 	n or if there are no members, the signature of the person appointed ativities and affairs:	and listed				
	Patricia ST	Patricia Sokol Printed Name					
	Signature	Timed Name					

FILING FEE: \$25.00