

118000150954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

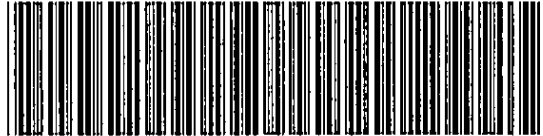
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400381831474

dissolution

02/22/22--01009--025 **25.00

FILED
2022 FEB 22 AM 10:58
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

A. RAMSEY
FEB 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAD-LANDLORD LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Gary Koscielny

(Name of Person)

(Firm/Company)

16170 Poppyseed Circle Unit 903

(Address)

Delray Beach, FL 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Koscielny

(Name of Person)

201

at (_____) _____

400-1150

(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2022 FEB 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BAD-LANDLORD LLC

2. The Articles of Organization were filed on 06/19/2018 and assigned

document number L18000150954

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).

CEASED OPERATION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Gary Koscielny

16170 Poppyseed Circle Unit 903

Delray Beach, FL 33484

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

GARY KOSCIELNY

Printed Name

FILING FEE: \$25.00