L18000 164 431

(Requestor's Name)			
(requester a realine)			
(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:			





100426174551

04/08/24--01014--002 ++25.00

SECRETARY OF STATE

2024 APR -8 AM 10: 07

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	The Fix It Zone LLC
2.	The Articles of Organization were filed on April 3, 2024 and assigned
	document number
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).
	Have decided to close the business =
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Corey L. Hawkins Sr.
	4206 Misty Way
	Auburndale, Fl 33823
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
100	y/ Hod Corey (Hawkins Sn
	' Signature ' Printed Name

FILING FEE: \$25.00

COVER LETTER

Division of Corporations			
SUBJECT: The Fix 14 Zone (Name of Limite	e LLC ed Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitt	cd for filing.		
Please return all correspondence concerning this matter to	the following:		
Corey C. H	lawkins Sr.		
The Fix 1+ Zone LCC (Firm/Company)			
4200 Misty W	SECHET TAILLY		
Aubumdale, FL	SECHETARY DE STATE Address) LAHAS SEE, FL and Zip Code)		
For further information concerning this matter, please call:	0.07 SPATE		
Covey C. Hawkins Sr., at (863) 6627680 (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:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314