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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STR 1401, La (Name of Limite	L C ed Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to t	
Shlomo C.= (Nam Kent Se (Fint 14600 Biscayor (City/State	Alexander The of Person) Covity Address) Address) Emi Blach, FL 33181 te and Zip Code)
For further information concerning this matter, please call: Shlowo Alexander (Name of Person)	at (<u>307</u>) <u>919 - 9 400</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum{52}\$ \$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



1. The name of	fa limited liabilit	nited liability company is			2022 HAR 24 AM 6: 45		
	STR	1401, LLC	\$ FX	i	THE		
2. The Articles	of Organization	•	1 1 1	and assigne	ed FL		
document nu	ımber <u>L 18 0</u>	000198827	_				
Note: If the	(effective date inserted in thi	e dissolution if not effect ate cannot be prior to or mor is block does not meet the ve date on the Departmen	e than 90 days later than da applicable statutory filin	te document is reco	eived for filing) this date will not b		
4. A descriptio 605.0707, Flo	n of occurrence the orida Statutes, (co	hat resulted in the limite opy 605.0707 on back c	ed liability company's over letter).	dissolution pur	suant to section		
LLC	was s	old. The	LLC is no	longer			
<u>neca</u>							
			•				
5. If there are n	no members, ente	r the name and address	of the person appointed	d to wind up the	e company's		
activities and	d affairs:						
6. Signature of above to wind u	an authorized per apthe company's	rson or if there are no n activities and affairs:	nembers, the signature	of the person a	ppointed and liste		
m L			Phlan	12 A	/		
11-67/	Signature		Print	ed Name	exander		

FILING FEE: \$25.00