## L18000199321

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TO: **Registration Section Division of Corporations** and SUBJECT: (Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

(Firm/Company) ince (Address) 48 State and Zip

For further information concerning this matter, please call:

at ( Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X \$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 <u>Street Address:</u> 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 a limited liability company is	4.1.	ZT PS 1:20
Sandy Kelly Realty PLLC		
2. The Articles of Organization were filed on $AJGUST DU, DDIS$ and assi	gned	
document number L 1800 199 321		

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3. The delayed effective date the dissolution if not effective on the date of filing: <u>MOY 18</u>, 2020 (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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).

MILC and Sardy Kelly Kealty member Ú) Brokers License lace m 69

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: <u>NOACTIVITIES OF OFFAIRS TO</u> 25556 Belle Alliance wind UP OF CHd. Should Q Les burg FL 34748 DUSCON NEED (DDDINT LUPIT)

Lessburg, FL 34748 <u>person need appointment</u> 1-401 <u>D= Sandy Kelly Holewins Ki</u>

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:

Holewinsk. el

FILING FEE: \$25.00