118000 209 322

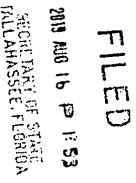
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500332708985

08/16/19--01016--015 **25.00



AUG 2 0 2018 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations

BROWSING4MAGIC L.L.C

SUBJECT: DITA

(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:

Anna Chu		
(Name of Person)		
(Firm/Company)		
245 18th Street Apt 705		
(Address)		
Miami Beach,FL 33139		
(City/State and Zin Code)		

For further information concerning this matter, please call:

Anna Chu (Name of Person) at (305) 3037826 (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liab	• • •		
2.	The Articles of Organization	on were filed on August 08/31/2018 and assigned		
	document number L180002	09322		
3.	Note: If the date inserted in	te the dissolution if not effective on the date of filing: 08/13/2019 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.		
4.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).		
	Loss of profit and loss of poin	t of sales		
5.	If there are no members, er activities and affairs:	iter the name and address of the person appointed to wind up the company's ANNA CHU		
		245 18th St. apt # 705		
		Miami Beach, Fl. 33139		
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no members, the signature of the person appointed and mpany's activities and affairs:		
\ \ \	Aus II.	Anna Chu Anna Chu		
	Signature	Printed Name		
		FILING FEE: \$25.00		