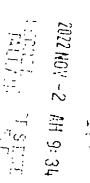
L18000227829

(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.					

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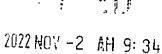
115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/01/2022							
	Greg Pint	acuda	_					
Reference	#: 182	2521	_					
	ntity Name: FK ZEPHYRHILLS GP, LLC							
	cles of Incorporation							
☐ Ame	endment							
☐ Change of Agent								
Reinstatement								
☐ Conversion								
☐ Mer	☐ Merger							
✓ Dissolution/Withdrawal								
☐ Ficti	tious Name							
✓ Other	er	APON FILING F	ROVIDE CERTIFI	ED COPY				
Authorized	Amount:	, \$55						
Signature:								

F: +852.2682.9790

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



١.	The name of a limited liability company is	- W. J			
	FK Ze	phyrhills GP, LLC	FREE STATE		
2.	The Articles of Organization were filed on _	September 26, 2018	and assigned		
	document numberL18000227829	9			
3.	The delayed effective date the dissolution if (effective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	to or more than 90 days later than dat meet the applicable statutory filing	te document is received for filing)		
4.	A description of occurrence that resulted in a 605.0707, Florida Statutes, (copy 605.0707 o	the limited liability company's on back cover letter).	dissolution pursuant to section		
Entity is no longer needed					
5.	If there are no members, enter the name and	address of the person appointe	d to wind up the company's		
	activities and affairs:				
6. lis	Signature of an authorized person or if there ted above to wind up the company's activities	are no members, the signature s and affairs:	of the person appointed and		
_	ai e Chan		tha Anderes		
7	Signature	Print	ed Name		

FILING FEE: \$25.00