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APPROVED AND FILED

1.00 · 5/1/

COVER LETTER

Division of Corporations	
SUBJECT: Crab Daddy U	
(Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the f	Following:
Sanda Am	Online Person) Person)
Crab Dadd J	ompany)
115 N Champio	
St augustine F1 (City/State an	32092/ d Zip Code)
For further information concerning this matter, please call:	
Sandra Amarling (Name of Person)	at (904) 687-8783 (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/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is (\(\cap \) \(\cap \)				
2.	The Articles of Organization were filed on Never Liled and assigned				
	document number Nover opened				
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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). I Sund out this was based on a Scam. The section were segred these papers or opened the company of the section of t				
	EIN 837- 249-7123				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:				
	115N Champions Way				
	Unit 422				
	St Clasustine Fl 32092				
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and led above to wind up the company's activities and affairs:				
	Laule Quela Scordia Amerling				
	Signature Printed Name				

FILING FEE: \$25.00

Signature