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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations		
SUBJECT: FOURSTROKE		
(Name of Limited I	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	for tiling.	
Please return all correspondence concerning this matter to the	following:	
	·	
Roman Gorelko	<u>/</u>	
(Name of Person)		
FOUR STROKES	LLC	
7410 NW 4th St.	apt. 305	
Mantation FL (City/State at	a waay	
For further information concerning this matter, please eall:		
Roman Gorelka	at 786 ,301 - 07 79	
(Name of Person)	(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	Street Address: Registration Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Four Strokes LLC
2.	The Articles of Organization were filed on $\frac{11/13/2018}{}$ and assigned
	document number <u>L 18000265160</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 26/22/2020 (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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	Closed business
	720 A
	SEE.
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person appointed to wind up the company activities and affairs: **Representation of the person of the person appointed to wind up the company activities and affairs: **Representation of the person of the person of the person appointed to wind up the company activities are activities and affairs: **Representation of the person o
	7410 NW 4/s St. apt. 305
	Plantation FL 33317
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Roman Gorelux Printed Name
	Signature Printed Name

FILING FEE: \$25.00