118000 269761

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY DI STATE TALLAHASSED FLORIDA

US-19

COVER LETTER

Division of Corporations				
LDR Ventures Good Mylk LLC				
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:				
MAXINE KOZLER KOVEN	_			
(Name of Person)				
LDR VENTURES				
(Firm/Company)				
209 N FORT LAUDORDAUF BEACH BLUD	#6C			
(Address)				
FORT LAUDANDALT, FL 33304-4337				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
MAXINE KOZLER 177 856-672	-0			
(Name of Person) (Area Code & Daytime Telephone Nu	imber)			
Enclosed is a check for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolut Certified Copy (additional copy is enclo				
MAILING ADDRESS: STREET/COURIER AD	DRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liabi LDR Ventures Good Mylk LI	- ' -	· · · · · · · · · · · · · · · · · · ·
2. The Articles of Organization	on were filed on November 19, 2018 and assigne	d
document number	269761	
(effective Note: If the date inserted in	the dissolution if not effective on the date of filing:	
605,0707, Florida Statutes,	e that resulted in the limited liability company's dissolution pur (copy 605.0707 on back cover letter). ISH TO CLOSE THE RECOVERT IS THE THE	
FOR THE CCEPTI	HT OWN 032/1944) 2N4 JJJ 347 70 M	{ ;
Majv Oscoyay	SI (121TAFY) 271 OFFGMOUS TAYT - SUC	Brins
015551750		Zilis SEL
5. If there are no members, en activities and affairs:	nter the name and address of the person appointed to wind up the	e company's
	MAXIME KUZLEIL	
	209 N FOUT LAUDARDINE BERKIN EI	10 \$ COC
	FORT LAUGO QUALL, FL 33304-4	337
6. Signature of anyauthorized listed above to wind up the co	person or if there are no members, the signature of the person a	
	FURXING KOZLE	(i_
√ Signature	Printed Name FILING FEE: \$25.00	

-11-60

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: LDR Vantures 6550 My Lik LLC

Document number of Limited Liability Company is: <u>L18000269761</u>

Date of dissolution was: DECEMBER 10, 2018

Description of information that must be included in a written claim:

THE REASON I WISH TO CLOSE THE WOUNT IS THAT THE INTENT

FOR THE CROPTION OF THE LLC HAS CHANGED AND THE

PROPOSED VENTURE THAT PROMPTS OF CRETCHIST OFFICERS

DISSOLUTION.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation)

MAXINE KOZLEGIL

209 N FORT LANDERDALE BEING BLVD # 60 EE

Fort LANDERDALE FL 33304- 4337

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

MAXILE KOZLER-

Signature of the Person Filing