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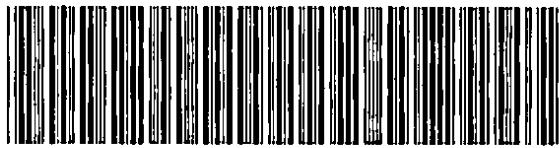
(Business Entity Name)

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October 29, 2020

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 323314

Re: Armstead, LLC

Dear Sir or Madam:

Enclosed please find the Cover Letter and Articles of Dissolution for Armstead, LLC. Also enclosed is a check in the amount of \$25.00 payable to Division of Corporations for the filing fee.

If you have any questions or require any additional information or documentation, please do not hesitate to contact me.

Best regards,
Sean M. Byrne, Esq.

SMB/lvz
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

ARMSTEAD 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:

Sean M. Byrne, Esq

(Name of Person)

Bach, Jacobs & Byrne, PA

(Firm/Company)

240 South Pineapple Ave., Suite 700

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Sean M. Byrne

941 906-1231

(Name of Person)

at (_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

10-37

1. The name of a limited liability company is

ARMSTEAD LLC

2. The Articles of Organization were filed on 12/18/2018 and assigned

document number L18000288140

3. The delayed effective date the dissolution is 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 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

The sale and/or distribution of all of the LLC's assets

The sale and/or distribution of all of the LLC's assets

The sale and/or distribution of all of the LLC's assets

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Joel Montgomery, Co PR
Signature

Joel Montgomery, as Co-PR (Estate of B. Armstead)

Printed Name

FILING FEE: \$25.00