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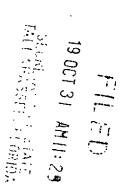
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COVER LETTER

TO: Registration Section Division of Corporations					
Powers Single Membe	r LLC				
	ited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.				
Please return all correspondence concerning this matter to	the following:				
Alejandro Alvarez, E	sq.				
(Name of Person)					
(Firm/Company)					
703 7th Terrace					
Palm Beach Gardens, Florida 33418					
·	ate and Zip Code)				
(Chys)	ate and Zip Code)				
For further information concerning this matter, please call	;				
Alejandro Alvarez, Esq.	at (561) 255-1111 (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
RE: LETTER #	419A00021452				
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

The name of a limited lia Powers Single Member					
2. The Articles of Organiza	tion were filed on Janua	ary 3, 2019	and assig	gned	
document number L190	00006662				
3. The delayed effective da (effective da) Note: If the date inserted listed as the document's ef	tive date cannot be prior to or in this block does not meet	more than 90 days later than of the applicable statutory fili	date document is r	received for fili	ing) ill not be
4. A description of occurred 605.0707, Florida Statute	nce that resulted in the li s, (copy 605,0707 on ba	imited liability company' ck cover letter).	s dissolution p	oursuant to s	section
The Single Member has			esidential rent	al property	
5. If there are no members, activities and affairs:	enter the name and addr Single member Wi		led to wind up	the compan	
	1204 SW 5th Ct				19 (
	Ft Lauderdale, FL	33312		12	CT 3_
Signature of an authorize listed above to wind up the c	d person or if there are r company's activities and	no members, the signatur l affairs:	e of the person		bild e
Cla		WINFRE	> A,	Power	'
Signature		Prir	nted Name		

FILING FEE: \$25.00