1190000 24525

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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COVER LETTER

TO:	Registration Section Division of Corporations	
	\mathcal{O}_{i}	Inited Liability Company)
SUBJ	IECT: Tets UIV	OEA, LLC
	(Name of I	Limited Liability Company)
The c	enclosed Articles of Dissolution and fee(s) are su	bmitted for filing.
Please	e return all correspondence concerning this matt	er to the following:
		Villiam Caray (Name of Person)
		(Name of Person)
	RA	DIVIDED LLC (Firm/Company)
		(Firm/Company)
	90	10 Strada Stell Court #208
		(Address)
	1	, 5,
	<i>N</i> 4	ty/State and Zin Code)
	(Ci	ty/State and Zip Code)
For fu	urther information concerning this matter, please	e call:
	William Caney	at (239) 598 -1036 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed 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 Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	6
Pats Divisor, LLC	<u> </u>
2. The Articles of Organization were filed on Z	
document number _ L 190000 24525	
3. The delayed effective date the dissolution if not effective on t (effective date cannot be prior to or more than 90 d Note: If the date inserted in this block does not meet the applicabl listed as the document's effective date on the Department of State'	e statutory ming requirements, this date will not be
4. A description of occurrence that resulted in the limited liabilit 605.0707, Florida Statutes, (copy 605.0707 on back cover letter)	ty company's dissolution pursuant to section er).
LACK of Business Opportunity due AND product - had Expenses	l NO Incomé
5. If there are no members, enter the name and address of the peactivities and affairs:	rson appointed to wind up the company's
NONA	
6. Signature of an authorized person or if there are no members, above to wind up the company's activities and affairs:	the signature of the person appointed and listed
Signature	William Canay Printed Name

FILING FEE: \$25.00



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: Pets Divided, LLC			
Document number of Limited Liability Company is: L 190800 24525			
Date of dissolution was: $12/31/2019$			
Description of information that must be included in a written claim:			
Business Model could not sustain and be profitable due to extremely high Lise Fass from colleges / Pro Terms			
due to extramely high Lise. Thes thom colleges / Pro learns			
<u> </u>			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)			
9010 Strada Stell Count #208			
9010 Strada Stell Count #208 Naples, FC 34109			
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.			
William Canay Printed Name of the Person Filing Signature of the Person Filing			
Printed Name of the Person Filing Signature of the Person Filing			

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

D'.