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COVER LETTER

Division of Corporations				
SUBJECT: Rise Above Pizza LLC (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:				
JUANNEM JUWBSON (Name of Person)				
Rise Above Pizza LLC (Firm/Company)				
Tallahassee FL 32304 (City/State and Zip Code)				
Tallahassee FL 32304 (City/State and Zip Code)				
For further information concerning this matter, please call:	r			
To Anno Jacobson at (352) 212-(6365 (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 Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building				

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

1.	The name of a limited liabili	y company is				
2.	The Articles of Organization	were filed on February 11, 2019 and	assigned			
	document number L1900004	263				
3.	Note: If the date inserted in the	e dissolution if not effective on the date of filing: n/a ate cannot be prior to or more than 90 days later than date docume is block does not meet the applicable statutory filing requires we 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).					
	All members consented to the I	mited Liability Company's dissolution per 605.0701(2), Fla	. Stat.			
				л\н 610 2		
				1 22 X		
			63	PH 6		
5.	If there are no members, entactivities and affairs:	r the name and address of the person appointed to win n/a	हर ⊅+ d up the compa	an 🎘		
6. lis	Signature of an authorized p sted above to wind up the con	erson or if there are no members, the signature of the pany's activities and affairs:	erson appointe	d and		
Joanne M. Jacobson, Man				<u>.</u>		
ij Signature		rinted Name	Printed Name			

FILING FEE: \$25.00