L19000042340

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
	·	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Au DS4 Au Au Aug. (Name of View)	S JJ C	
(Name of the	инted Liability Company)	
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Rebecca ?	Namie of Person)	
(1	Firm/Company)	
1280 Highland Airc		
Me/bourne (City)	FL 32935 (State and Zip Code)	
For further information concerning this matter, please of	all:	
(Name of Person)	at (<u>32/</u>) <u>50/-5/14</u> (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

l.	The name of a limited liability company is
	a psy getaways LLC
2.	The Articles of Organization were filed on $\frac{2 \cdot 12 \cdot 2019}{2 \cdot 12 \cdot 2019}$ and assigned
	document number <u>L 190000 42340</u>
3.	The delayed effective date the dissolution if 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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	We sold the business
	in some me pasines
	7
	:: ::: :::::::::::::::::::::::::::::::
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and list ove to wind up the company's activities and affairs:
5	hicea Jian Pile Rebecca Jean Peter Signature Printed Name
 	Signature Printed Name

FILING FEE: \$25.00