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(((H190001341923)))



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From:

Account Name : SIEGELAUB ROSENBERG P.A.

Account Number : I19990000058

: (954)753-2222

Phone Fax Number

: (954)753-1123

LLC DISSOLUTION OR WITHDRAWAL

ALL CBD PRODUCTS LLC

Certificate of Status	0
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Help



Dear Karen - Whydidn't you state this on the 1st Refusal?

April 26, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALL CBD PRODUCTS LLC 8241 RAZORBACK CT BOYNTON BEACH, FL 33473US

SUBJECT: ALL CBD PRODUCTS LLC

REF: L19000079264

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H19000134192 Letter Number: 619A00008416

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A DIMITED EIABIBITT COMPA	H190001341923
1. The name of a limited lial		711000104173-
ALL CBD PRODUCTS LL	С	
2. The Articles of Organizat	ion were filed on 03/21/2019	and assigned
document number L19000	0079264	
Note: If the date inserted in	e the dissolution if not effective on the date over date cannot be prior to or more than 90 days later than this block does not meet the applicable statutor ective date on the Department of State's records.	min date describent to received for resure)
 A description of occurren 605.0707, Florida Statutes Member's Decision - Consen 	ce that resulted in the limited liability compa , (copy 605,0707 on back cover letter). it of all Members	~
		019 APR 26
		- TO R
		<u> </u>
		2 A 1
If there are no members of	enter the name and address of the person app	-ri: ::
activities and affairs:	Glenn Rosenberg	
	Siegelaub Rosenberg P.A.	
	1489 W. Palmetto Park Rd. Suite 501	
	Boca Raton, FL 33486	
. Signature of an authorized sted above to wind up the c	I person or if there are no members, the sign ompany's activities and affairs:	ature of the person appointed and

FILING FEE: \$25.00

41900041923

Printed Name