L19000103/85

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
APR 1 3 2022 Office Use Only		



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00/25/22--01009--006 **25.00

2022 MAR 25 AM 9: 18 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LimitED Liability Company Dissoluti	ر 0 ^ا
DOCUMENT NUMBER: <u>L 19000103185</u>	
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ALEXANDER FOGEL	
(Name of Contact Person)	
(Firm/Company)	
108 CREVAILE RD.	
(Address)	
ROTONDA WEST, FL. 33947	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ALEXANDER FOGEL at (847) 409-1100	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	•
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\Bigcup \$	ied
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liabil	ity company is	2022 MAR 25 AM 9: 18
EVAL	INVESTORS, LLO	SECRETARY OF STATE TALLAHASSEE, FL
7. The Aminton (One)	n were filed on $4-15-20$	- 1/1
2. The Articles of Organization	n were filed on	and assigned
	19000103185	
3. The delayed effective date the	he dissolution if not effective on the date date cannot be prior to or more than 90 days late	of filing: $4-10-2022$
Note: If the date inserted in t	his block does not meet the applicable statut tive date on the Department of State's record	Ory filing requirements, this date will not be
4. A description of occurrence 605,0707, Florida Statutes, 6	that resulted in the limited liability components of the components of the control of the contro	pany's dissolution pursuant to section
	ESTORS, LLC HAS WOI	
	SE CONDUCTING IT	,
5. If there are no members, ent activities and affairs:	er the name and address of the person ap	pointed to wind up the company's
	ALEXANDER F.	OGEL
	108 CREVAILE R	
	ROTONDA WEST,	FL, 33947
Signature of an authorized pabove to wind up the company?	erson or if there are no members, the sig s activities and affairs:	nature of the person appointed and listed
A Fogel	ALEX.	ANDER FOGEL Printed Name
Signature		Printed Name
	EH INC EEE, cos on	