<u>U9000 103 379</u>

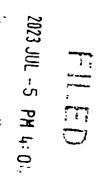
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





900406831629

7/12/28 VW



COVER LETTER

~	ntion Section n of Corporations	,	
SUBJECT:	Examiner C	are LLC.	
	(Name of Limited	Liability Company)	
The enclosed Art	ticles of Dissolution and fee(s) are submitted	for filing.	
Please return all	correspondence concerning this matter to the	e following:	
	GLORIA O	Tamayo	
	EXAMINER CO	ree LLC	
	17002 NW 53 C	Company)	
	Miami Gaz	DENS, FL 33055 and Zip Code)	
For further infort	mation concerning this matter, please call;		
<u>_</u>	Name of Person)	at (984) 546 9 849 (Area Code & Daytime Telephone Number)	
Enclosed is a cheel	k for the following amount:		
☆ \$25.00 F	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	Address: ration Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability $XQMUSE$		LLC		
2. The Articles of Organization		1/15/2019	_ and assigned	<u> </u>
document number <u>1</u>	9000/033	79		
3. The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date.	ate cannot be prior to or more is block does not meet the a	than 90 days later than date applicable statutory filing	document is received for	
4. A description of occurrence to 605.0707. Florida Statutes, (co	hat resulted in the limite opy 605,0707 on back co	d liability company's di over letter). DYOG †	ssolution pursuant	section
			,) ;
				2
5. If there are no members, ente activities and affairs:	r the name and address of [OIZ 10	<u> </u>	to wind up the comp	pany's
	Examiner	Care LLC	<u>,</u>	6/29/202
	17002 Nu	U 53 CT		GI
	HIAMI GO	irdens FC	33024	<u>)</u>
6. Signature of an authorized pe above to wind up the company's	rson or if there are no m activities and affairs:	embers, the signature of	the person appointe	ed and listed
	·	Gloria	Taneary	0
Signative	FILING FI		l Name	_