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(R€	equestor's Name)			
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R. WHATE.

APR 1 4 2020



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SEVGI	MASTER A (Name of Limited	ert LLC	
	<u> </u>	(Name of Limited	Liability Company)	
The enclosed Ar	ticles of Dissolutio	n and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this matter to the following:				
SEVGI ELAGOZLU-MUTUKU (Name of Person)				
	(Name of Person)			
	SE\	161 MASTE	Company)	
(Fillin Company)				
GIS PARADISE CT (Address)				
		(Ad	ldress)	
ATLANTE BEACH FL 32233 (City/State and Zip Code)				
(On the same and the over)				
For further information concerning this matter, please call:				
1 or ranger and resident desirenting and resident, product out.				
SEV	161 ELAG	OZLU-MUTUKL	at (616) 848 67-32 (Area Code & Daytime Telephone Number)	
	(Name of	Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} and Certificate of Dissolution}\$ \$\sum_{55.00}\$ \text{Filing Fee}, Certificate of Dissolution &				
⊡ \$25.00 i	Filing Fee and Certifi	cate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
			Certified Copy (auditional copy is dictosed)	
Mailing	2 Address:		Street Address:	
_	tration Section		Registration Section	
	on of Corporation	ons	Division of Corporations The Centre of Tallahassee	
	30x 6327 assee, FL 32314	1	2415 N. Monroe Street, Suite 810	
1 411411	assec, 1 L J2514	7	Tallahassee, FL 32303	
			•	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	26291 30 1.7 ht 03
• • •	
SEVGI MASTER ART LLC	 -
2. The Articles of Organization were filed on APRIL 29 2019	and assigned
document number <u>L 19 0 0 0 1 1 6 1 7 6</u>	
3. The delayed effective date the dissolution if not effective on the date of (effective date cannot be prior to or more than 90 days later to Note: If the date inserted in this block does not meet the applicable statutor listed as the document's effective date on the Department of State's records	y filing requirements, this date will not b
4. A description of occurrence that resulted in the limited liability compa 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
I was told that if I got an LLC	- I would be given
work as an artist. I was miss-	led. There was
no work. I made absolutely no	money:
5. If there are no members, enter the name and address of the person app activities and affairs:	pointed to wind up the company's
6. Signature of an authorized person or if there are no members, the sign above to wind up the company's activities and affairs:	ature of the person appointed and list
Signature SEV 6 1	ELAGOZLU-MUTUKU Printed Name
FILING FEE: \$25.00	