## L19000146799

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## COVER LETTER

TO: Registration Section Division of Corporations	.4		
SUBJECT: I & P IS LAND (Name of Limited	SERVICES, LLC		
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the	following:		
Ruth PEn	T.		
(Name of Person)			
(Marie OTT CISAL)			
(Firm/Company)			
618 Nici 36th PL (Address)			
(Add	dress)		
Cape Colle, Fr 33993 (City/State and Zip Code)			
(City/State a	nd Zip Code)		
· •	•		
For further information concerning this matter, please call:			
Puth Port	at (Area Code & Daytime Telephone Number)		
(Name of Person)	(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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  I & R ISUALD SERVICES, LLC
2.	The Articles of Organization were filed on
	document number <u>L19000146799</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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	NO LONGER IN BUSINESS
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 a	. Signature of an authorized person or if there are no members, the signature of the person appointed and lists bove to wind up the company's activities and affairs:
	Ruth Roman
_	Signature Printed Name

FILING FEE: \$25.00

DIVISION OF DORNOR AS IN