## L19000147084

(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:			
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## **COVER LETTER**

Division of Corporations			
SUBJECT: (Name of Li	RDAL LLC imited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
· ·			
Hande By	yutsuda		
(	Name of Person)		
ERDAI	L'LLC		
	Firm/Company)		
10720 SW	113.th pk 33170		
	(Address)		
- Migmi	Florida 33176  (State and Zip Code)		
(City.	/State and Zip Code)		
For further information concerning this matter, please of	call:		
Handle Buyuksuda	1786 617 76 ABI B		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:	には、 には、 には、 には、 には、 には、 には、 には、		
S25.00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	THE CENTRE OF Fallanassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is  FROAL LLC
2.	The Articles of Organization were filed on $06/03/20\%$ and assigned document number $19000147084$
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).  Lestourant business went down
	due to the covid-19 pondemic.  (this was a small business)
5.	If there are no members, enter the name and address of the person appointed to wind up the company statistics and affairs:
	Korhan Buyuksudan = 17  Honde Buyuksudan = 17  6914 Sw 114th PIC unit +1 3317 3m = 5
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:
	Signature Honde Buyuksudo
	Signature  Printed Name  FILING FEE: \$25.00  Kox Lon  Buyuksuda