119000 177716

<u> </u>			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(co.), Classical and			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Cooling Not in Cool)			
Cartification of Contra			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600340894946

O3/04/20--01003--012 *•25.00

2020 MAR -4 AM 9: 05
SECRETARY OF STATE
TALLAHASSEE FORTE

COVER LETTER

Division of Corporations		
SUBJECT:	Tinolen	's Sna LLC
SUBJECT:		d Liability Company)
The enclosed Ar	ticles of Dissolution and fee(s) are submitte	ed for filing.
Please return all	correspondence concerning this matter to t	he following:
) iave	e of Person)
	(Firm	/Company)
	3315 C	herry Staddress)
	(City/State	e and Zip Code)
For further infor	mation concerning this matter, please call:	
	Liane Tingler (Name of Person)	at (321) HH 6-H9H0 (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:	
⊈ \$25.00 I	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	z Address: ration Section	Street Address: Registration Section
_	on of Corporations	Division of Corporations
	30x 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is The name of a limited liability company is
The Articles of Organization were filed on and assigned
document number $L190017776$
. 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.
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).
home because t dont have
a delicated bathrooming
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
Diane Tina!
Signature Printed Name

FILING FEE: \$25.00