

U19 000179545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

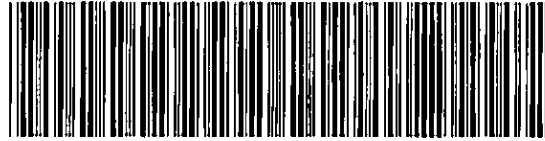
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900411830489

2023 JUN -6 PM 1:56

QB

2023 JUN -7 PM 2:49

[Handwritten signature]

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/5/2023

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1161314

ORDER ENTITY
BETTIS VENTURES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BETTIS VENTURES LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2023 JUN -6 PM 10:56

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2023 JUN -6 PM 15:56

1. The name of a limited liability company is _____

Bettis Ventures LLC

2. The Articles of Organization were filed on July 11, 2019 and assigned
document number L19000179545

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).

The consent of all members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Altrameise Myers Bettis

2749 Ecom Landing Blvd

Orlando, FL 32825

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:



Signature

Altrameise Myers Bettis

Printed Name

FILING FEE: \$25.00