

L19000203961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

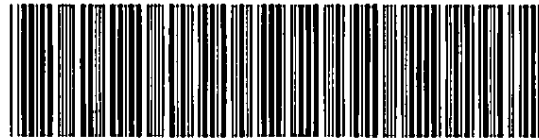
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANAI RY'S L.L.C
(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:

Henry Figueroa
(Name of Person)

(Firm/Company)

1265 Toole St
(Address)

Orlando Florida 32825
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Figueroa at (407) 285 3376
(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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is

ANAI RY'S LLC

2. The Articles of Organization were filed on 08/12/19 and assigned

document number L1900203961

3. The delayed effective date the dissolution if not effective on the date of filing: 6/30/2020
(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).


I couldn't work it for health reasons

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

Henry Figueroa

1265 Toole St Zip 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

Henry Figueroa
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FL

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