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SECRETARY OF CIAL ALLAHASSEE, FLORI

APR 30 2000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sano ForeStments 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:
Cynthia Pew (Name of Person)
Sano Investments LLC (Firm/Company)
217 El Prado
North Port FL 34287
(City/State add Zip Code)
For further information concerning this matter, please call:
Cynthia LPew at [194, 4771-14829] (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: PA\$52,50
☐ \$25.00 Filing Fee and Certificate of Dissolution ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

2000 2000

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	ility company is		نيس د د	255	
Sa	no Invest	ments	LLC	195. - A t-	- 1 5 - 35
2. The Articles of Organization	on were filed on9	3/2019	and assig	ned 5	: 42
document number/	19000 222 78				
3. The delayed effective date teffective Note: If the date inserted in listed as the document's effective Output Description:	e date cannot be prior to or mo this block does not meet the	re than 90 days later the applicable statutor;	nan date document is ro y filing requirements	eceived for ti s, this date v	ling) vill not be
4. A description of occurrence 605,0707, Florida Statutes.	e that resulted in the limit (copy 605,0707 on back of	ed liability compa cover letter).	ny's dissolution p	ursuant to s	section
We have no	ot written o	1	ss and i	wedo	<u>></u>
not anticip	ate any re	venues	Coming	in Sc	<u>></u>
have decid	led to dis	solve the	z compa	s) Y.	
5. If there are no members, ea	nter the name and address	of the person app	ointed to wind up	the compar	 ny`s_
activities and affairs:	Cynthia	a L Per	u/Grego	ryM	Sano
	217 El	Prado	/ 0	, 	
	North	Port,	FL 34.	287	
6. Signature of an authorized above to wind up the compan	person or if there are no i y's activities and affairs:	nembers, the sign	ature of the person	appointed	and listed
antha L	Do	Cunt	tia L. Pe	(بیاد	
Signature			Printed Name		

FILING FEE: \$25.00