

L19000229794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

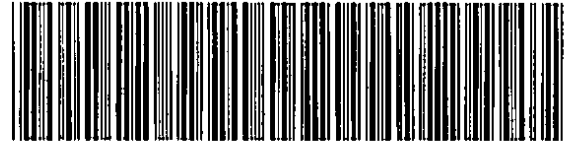
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Dissolution

DEC 22 2021

D CUSHING

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: URSTRE 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:

Kevin Jarrett

(Name of Person)

(Firm/Company)

8761 Wesleyan Dr #1718

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Jarrett

(Name of Person)

239 273-6930
at () (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

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TALLAHASSEE
STATE

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

1. The name of a limited liability company is

URSTRE LLC

2. The Articles of Organization were filed on 09/11/2019 and assigned

document number L19000229794

3. The delayed effective date the dissolution if not effective on the date of filing: 11/10/2021
(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).

COVID 19 Casualty

COVID 19 Casualty

COVID 19 Casualty

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

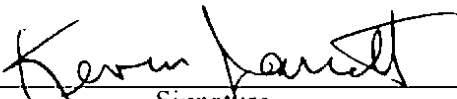
activities and affairs:

Kevin Jarrett

8761 Wesleyan Dr #1718

Fort Myers, FL 33919

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

Kevin Jarrett

Printed Name

FILING FEE: \$25.00

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CLERK OF COURT
STATE OF FLORIDA