L19000285261

(Req	uestor's Name))
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)
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COVER LETTER

Registration Section

Tallahassee, Fl. 32314

TO:

Division of Corporations				
SUBJECT: da Sidta Tx (Name of Limited)	Dability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted				
Please return all correspondence concerning this matter to the	e following:			
20chitl 19	artinez of Person)			
Cambia,	Company)			
621 Broadin	ew Drive Harrisonburg,			
VA, 22802	and Zin Code)			
(City/State and Zip Code)				
For further information concerning this matter, please call: Lochit Murtiner (Name of Person)	at (C174) 698-5125 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:	\$2555.00 Filing Fee, Certificate of Dissolution &			
☐ \$25.00 Filing Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2021 OCT 18 NH 12: 33

) Miller 30
1. The	name of a limited liability company is	Y (f)
	40 Didra Txpress LLC MELANASO	<u></u>
2. The	Articles of Organization were filed on 11 15 2019 and assigned	*a '
doc	ument number <u>L19000285261</u>	
<u>No</u>	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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ed as the document's effective date on the Department of State's records.	
4. A d	escription of occurrence that resulted in the limited liability company's dissolution pursuant to se 0707, Florida Statutes, (copy 605.0707 on back cover letter). Twill like my Company da Sida Fx	ection
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	s be dissolve in the State of Florierase or course I'm no longer operating on	Ža 2 live
	nere are no members, enter the name and address of the person appointed to wind up the company vities and affairs: 1404 Founders May, Harris 14, 22802	onbag.
6. Sig above	nature of an authorized person or if there are no members, the signature of the person appointed a to wind up the company's activities and affairs: Signature Signature Printed Name	— nd listed ez HWeck

FILING FEE: \$25.00