L20000045467

| (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



400421010444

dissolution of

01/09/24--01014--028 **25.00

2024 JAH -3 PH 1: 07

A. RAMSEY JAN 31, 2024

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: The Integrity CVEW 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: |
| |
| James Rogers |
| (Name of Person) |
| (Firm/Company) |
| 11. 10.6 |
| (Address) |
| Henice, FL 34293 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| SHVW LOGERS (Name of Person) at (Q41), 445-3586 (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |
| Mailing Address: Street Address: |

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

FILEU

| 1. | The name of a limited liability company is The TVHEQVITY CVEW, UC 2024 JAN - 3 PM 1: 07 |
|----------|--|
| 2. | The Articles of Organization were filed onand assigned |
| | document number <u>L 2 0000 454 67</u> |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 12.31.33 (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). ND DNGT N DNSINES. |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| | Jim Rocers Signature Tim Rocers Printed Namy |

FILING FEE: \$25.00