120000050149

(Requestor's Name)						
(Address)						
(Address)						
(Fiduless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basilioss Elitty Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
APR - 5 2022						

Office Use Only



200383999682

03/21/22--01017--011 **25.00



COVER LETTER

TO:		ration Section on of Corporations	٠				
SUBJE		3 LLC					
	_	(Name of Limit	red Liability Company)				
The end	closed A	rticles of Dissolution and fee(s) are submit	ted for filing.				
Please 1	return all	l correspondence concerning this matter to	the following:				
		Holiday Hunt Russell Esq.					
		(Nar	me of Person)				
	Holiday Hunt Russell PLLC						
	(Firm/Company)						
		2699 Stirling Road Suite A105					
			(Address)				
		Fort Lauderdale, Florida 33312					
		(City/Su	ate and Zip Code)				
For furt	ther info	rmation concerning this matter, please call	:				
	Holida	ny Hunt Russell	954 920-5153 at ()				
		(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclosed	d is a che	ck for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		g Address:	Street Address:				
	_	tration Section ion of Corporations	Registration Section Division of Corporations				
		Box 6327	The Centre of Tallahassee				
	Tallal	nassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liabilit	ty company is			TARY O	R 21 B
2.	The Articles of Organization	were filed on $\frac{2/12/20}{}$	20	_ and assigned	FLOW	H 12: 56
	document number L20000056	0149	<u>_</u>		-•	J.
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	late cannot be prior to or n is block does not meet t	nore than 90 days later than date of he applicable statutory filing (document is recei-	ved for tilin is date wi	ng) II not be
4.	A description of occurrence (605.0707, Florida Statutes, (c	that resulted in the lim	nited liability company's dis	ssolution pursu	ant to se	ction
	Business closed.					
	Business closed.				<u> </u>	
	Business closed.					
5.	If there are no members, ente	er the name and address		o wind up the	company	.`s
						_
				·		
						_
6. ab	Signature of an authorized peove to wind up the company's	erson or if there are no activities and affairs:	members, the signature of	the person app	pointed a	nd listed
	Thursday 2/4/	Just O	Holiday Hunt Russell			
_	Signature		Printed	l Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is: L20000050149
Date of dissolution was:
Description of information that must be included in a written claim:
Date of claim, nature of claim. amount claimed.
·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Holiday Hunt Russell PLLC
2699 Stirling Road Suite A105
Fort Lauderdale Florida 33312
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00