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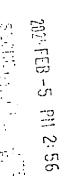
(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
,					

Office Use Only



000423318840

02/05/24--01014--009 **25.00



COVER LETTER

TO: Registration Section

Division of C	Corporations				
SUBJECT: F	TOWN CHE	ITEL LL	2		
			ed Liability Company)		
The enclosed Articles	of Dissolution and fe	ee(s) are submit	ted for filing.		
Please return all corre	spondence concerning	g this matter to	the following:		
	lota fall	CLEL			
	JOHN FAIR	(Nan	ne of Person)		
](
		(Fin	n/Company)	<u></u>	2027 FEB
		4-		- '	
1	504 15th	<u>C1., , , , , , , , , , , , , , , , , , , </u>	Address)	•	רט
		`		· ·	
	PAM BEAC	H CORPOR	15, FL 33410 te and Zip Code)	· ,	2: 56
		(City/Sta	te and Zip Code)	Ö	56
For further information	on concerning this ma	tter, please call:	:		
wide	(Name of Person)	1	at (SQ) 50Q - 70 (Area Code & Daytime Telepho	one Number)	
Enclosed is a check for	the following amount:				
S25.00 Filing	Fee and Certificate of D	Dissolution	☐ \$55.00 Filing Fee, Certificate of Dis Certified Copy (additional copy is		
Mailing Add			Street Address:		
Registratio	on Section f Corporations		Registration Section		
P.O. Box 6	•		Division of Corporations The Centre of Tallahassee		
	e, FL 32314		2415 N. Monroe Street, Suite	810	
			Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	the name of a limited liability company is
	FTOWN CARITAL UC (EIN:85-0519019)
2.	The Articles of Organization were filed on $2/21/2026$ and assigned
	ocument number <u>L2000058549</u>
3.	The 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) 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 05.0707. Florida Statutes, (copy 605.0707 on back cover letter).
	owner of ile no where here IT. UC was opened
	DEVEN MADE. UC HAS NO OFFRATIONS OR ASSETS/ MARKUTES.
5	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: NONE, NEUBERS = JOHN FRICKER
	and chaig fearler
	
6 a	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:
	Mulh JOHN FOICHER
	Signature Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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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:	
Date of dissolution was:	
Description of information that must be included in a writering	tten claim:
	2071 JEC
	1
	
	in on
Mailing address where claims can be sent: (Claims cannot	ot be sent to the Division of Corporations)
A claim against the above named limited liability compactain is commenced within 4 years after the filing of this	ny will be barred unless a proceeding to enforce the
Printed Name of the Person Filing	Signature of the Person Filing

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