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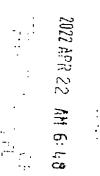
(Requestor's Name)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

SUBJECT: TOINER Custom Wood workly, LLC (Name of Limited Liability Company)						
(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 F. JOINER, JR						
(Name of Person)						
TOTALA CUCTOM WOODWOALLS						
JOINER CUSTOM WOODWORKS						
115 CILL 2011 th CAREST						
115 5W 254 L STREET (Address)						
NEW BERRY CC. 32669 (City/State and Zip Code)						
For further information concerning this matter, please call:						
TANKO [ DOTAKI TO 246 853 -11278						
TAMES F. JOINEL JR at (316) 853 - UZ78  (Name of Person) (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)						

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 AFR 22 AM 6: 48

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1. The name	of a limited liability	ry company is  (45 Fbm	n Wordworks	LLC	برم رحی
			1 Wordwords 1/22/2020 at	nd assigned	
document	number $\angle \angle \angle C$	D000/0996	<u>L</u>	,	
Note: If a	the date inserted in th	or prior to be in	ective on the date of filing: _/ ore than 90 days later than date docu ic applicable statutory filing requ nt of State's records.	THE PLANE OF LACALLES AND 11	iling) will not be
605.0707, _ <b>ND</b>	Florida Statutes, (c.	opy 605.0707 on back <u>Lak</u>	ted liability company's dissol cover letter).  ISSIONS DUNTAGE  TO 19 PROTECTION IC	The Pro	tutla s
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	e no members, ente		s of the person appointed to w		1y`s
		115 SW	2548 57,		<u>.</u>
		NEW BE	Hy Fl. 32669		_
6. Signature above to wind	of an authorized pe d up the company's	rson or if there are no activities and affairs:	members, the signature of the	person appointed	and listed