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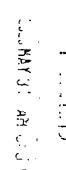
(D
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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My

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	ZEPHYRBLOCKS, 1 (Name of Limited 1)	LLC Liability Company)
The enclosed Ar	ticles of Dissolution and fee(s) are submitted	for filing.
Please return all	correspondence concerning this matter to the	following:
		HWELL of Person) OCKS, LLC company)
	(Firm/C	ompany)
	16306	OBSON CT
	TAMPA, (City/State a	F(_33647 and Zip Code)
For further infor	mation concerning this matter, please call:	
	DANIEL ROTHWELL (Name of Person)	at (9/2) 674-1393 (Area Code & Daytime Telephone Number)
Enclosed is a chec	ck for the following amount:	
₹ \$25.00 1	Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 hassee, FL 32314	Street Address: 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

1.	The name of a limited liability company is ZEPHYR BLOCKS, LLC
2.	The Articles of Organization were filed on $\frac{5}{20}$ and assigned
	document number <u>L20000137950</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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	THIS COMPANY NEVER OPENED FOR BUSINESS AND
	NEVER WILL.
	;· {·
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	<u> </u>
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed love to wind up the company's activities and affairs:
	Danel Rothwell Printed Name
	Signature Printed Name

FILING FEE: \$25.00