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()	Requestor's Name)
	Address)
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(6	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(£	Business Entity Name)
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Certified Conies	Certificates of Status
Special Instructions to F	iling Officer:
	

Office Use Only



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SECRETARY OF STATE

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5/11/23

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is RD(RAR 13EAUTY LL	SEE, FLOR	2 S
2. The Articles of Organization were filed on $07/27/2020$ and assigned	THE THE	₽ \
document number <u>21060 221576</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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	ved for filing) is date will not	t be
4. A description of occurrence that resulted in the limited liability company's dissolution pursu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). WE HAVE TWO FINHS, GROWNELL		
WE (X, ANTED TO HAVE ON LY		~~
5. If there are no members, enter the name and address of the person appointed to wind up the activities and affairs:	company's	
6. Signature of an authorized person or if there are no members, the signature of the person ap above to wind up the company's activities and affairs:	pointed and li	sted
Signature Tolog Char (Printed Name	Parc	<u>`</u>

FILING FEE: \$25.00

Signature