## L20 000 247 553

(Requestor'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:	,

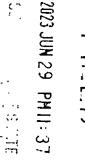
Office Use Only



500406098155

04/13/23--01017--004 \*\*25.00

7/11/23 VLM



## **COVER LETTER**

TO: Registratic Division o	on Section f Corporations			
SUBJECT:	Bellwine Estato La (Name of Limited	1.6		
	(Name of Limited	Liability Company)		
The enclosed Articl	les of Dissolution and fee(s) are submitte	d for filing.		
Please return all con	rrespondence concerning this matter to the	ne following:		
	Dieta Schaeta	y		
(Name of Person)				
_	(Firm	(Company)		
	75010			
	/// Sondyk Jt.	Adverse		
	717 Sondya St.  Leling & Amm, For (City/State	7 2721		
	Lel, 19 5 Acolo, to	/., 33)/2 		
	(City/State	and Zip Code)		
For further informs	tion concerning this matter, please call:			
		_		
(ل)	che Schoeke	at (235) 462-7201 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclused is a check for	or the following amount:			
\ /		☐ \$55.00 Filing Fee, Certificate of Dissolution &		
32.7.00 1 1111	ng Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)		
Mailing A	ddress:	Street Address:		
	tion Section	Registration Section		
	of Corporations	Division of Corporations		
P.O. Box	: 6327	The Centre of Tallahassee		

Tallahassee, 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  Sollwing 65tato UCC
2.	The Articles of Organization were filed on $\frac{3/13/2020}{}$ and assigned
	document number $\angle 20000247553$
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).
	20:
	Company is no langer needed =
	29
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	715 Sondra St.
	Lehigh Assis, Fl. 33872
	<del></del>
6. ab	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:
	1.11/1 Droke Schack
/	Signature Printed Name
	FILING FEE: \$25.00

Dieter Schoefer