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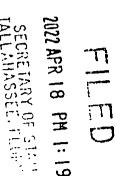
(Requestor's Name)
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(City/State/Zip/Phone #)
<u>_</u>
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04/19/22--01034--001 **25.00



COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: CADER 2 U	LLC Liability Company)				
(Name of Limited	clability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.				
Please return all correspondence concerning this matter to th	e following:				
	-				
Sandra Cadet	/				
(Name of Person)					
CADER 2 L					
(Firm/	Company)				
10709 Ribbon Ferr	1 Way				
Land O Lakes FL 34638 (City/State and Zip Code)					
(City/State	and Zip Code)				
For further information concerning this matter, please call:					
Sandra Cadet	at (813) 382-6447 (Area Code & Daytime Telephone Number)				
(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)				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division 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 liab	pility company is			⊼s	20
	CA.	DER 2 4,	UC	L ECH	22 AF
2. The Articles of Organizati	ion were filed on <u>Aug</u>	31,2020	and assigned	ETARY C	× 18 1
document number LQ	0000270089)¥ Si	至 (
Note: If the date inserted in	e the dissolution if not effe we date cannot be prior to or mo in this block does not meet the ective date on the Departmen	re than 90 days later than o e applicable statutory fil	late document is received		
4. A description of occurrence 605.0707, Florida Statutes.	ce that resulted in the limit. (copy 605.0707 on back of	ted liability company' cover letter).	s dissolution pursua	nt to secti	on
The busine	ss did not s	start as	originally		
	e to some fi	Λ .	0	set bu	icks.
Therefore,	/				
,	tive/Opera				
If there are no members, e activities and affairs:		of the person appoint	ed to wind up the co	ompany`s	
	10709 R.	bbon Fern	Way		
		akes, FL	0	·	
	813-3	82-6447			
Signature of an authorized above to wind up the compan	person or if there are no ray's activities and affairs:	members, the signatur	e of the person appo	inted and	listed
Stender Las	u	Sandra	Cadet		
✓Signature		Pri	nted Name		

FILING FEE: \$25.00