

Kint	
	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:

Office Use Only



400421010514

01/03/24--01014--023 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MKU BS P	oten Corres 46
(Name of Limite	ed Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Nicole M	L Bruno
(Nan	ie of Person)
(Fire	n/Company)
3782 Nr Ta	Address)
Barerly Hills, FI	te and Zip Code)
, (Onym	is and Elly Code;
For further information concerning this matter, please call:	
- Nuske Bruno	at (352 ) 201-7007
(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: Registration Section	Street Address: 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 liability company is  NYKI BS Protein Cookies 446	
2. The Articles of Organization were filed on 12/27/23 and assigned	
document number <u>42000387705</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 2/3/23  (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 listed as the document's effective date on the Department of State's records.	<b>)</b> e
<ol> <li>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).</li> </ol>	
Owner has decided to no longer keep business	
$\circ$ , $\sim$	
Tunning due to personal reasons including insufficient	
amount of the time to fully focus on the proper growth	
of the business.	
5. If there are no members, enter the name and address of the person appointed to wind up the company's	7
activities and affairs: Nicole Brown	_
3782 No Taman & Ave 350 7	7
Beverly HIIIs, FI 34465 PE 5	J
6. Signature of an authorized person or if there are no members, the signature of the person appointed and lis above to wind up the company's activities and affairs:	ted
Mile Belle Nicola Roum	
Signature Printed Name	

**FILING FEE: \$25.00**