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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Tahini Beach	th inhility Company)
(Name of Limite)	d [*] Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	he following:
Betsy	H. Hughes
Tahin	Beach, LLC
5508	Dirah LN
	e and Zip Code)
For further information concerning this matter, please call:	
Betsy H Hughes (Name of Person)	at (937) 830 8636 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S25.00 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 Division of Corporations	Registration Section 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 Tahini Beach, LLC		
2.	2. The Articles of Organization were filed on $9.29.20$ and assigned		
	document number <u>L 2000 0 29 6</u> 5 2 6		
3.	The delayed effective date the dissolution if not effective on the date of filing: 10,5,2020 (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).		
	We did not purchase the business. Never started the business, We did not move forward with the deal. It did not work out.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Smad Ar Masri Detay Hilles Highes 5508 Dinah LW		
	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:		
	Betsy Hilles Hughess		

FILING FEE: \$25.00