LZO 000 310 203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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6/20/23 VIII



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MATHOS Sesside Services LC 3
2. The Articles of Organization were filed on 10/01/2020 and assigned document number 20000310203
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).
During Summer manths when most at my
business happens, I have decided to spend
Summer months in North Carolina
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
1015. Federal Hichway Apt 342.
Boyntan Bell 712 33435 (300)
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Mother Mortne Dickenson
Signature Printed Name

FILING FEE: \$25.00

4/15/2023

To whom it may concern

I, mouture Inchenson request dissolution of moutures's Sesside Services UC"

phone: 303 257 6499

2 ddress! 1015. Federal Highway Apt 333

Boynton Bul Ha 33435

COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Marth 2'2 Sex (Name of Limited	Side Savices UC Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Hartna Duce (Name)	0.110(301)	
Martin Sesside Services UC (Firm/Company)		
1015 Tederal Highway Apt 342 (333)		
Boyntan Bch. Houdz 33435 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Marke of Person)	at (303) 257 6499 (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	