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| (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: | | | | | | | |
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A. RIVERS

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| SUBJECT: DEFINEAWN. Eum, LLC (Name of Limited Liability Company) | | | | | | | | | |
| (Name of Limited Liability Company) | | | | | | | | | |
| | | | | | | | | | |
| The enclosed Articles of Dissolution and fee(s) are submitte | d for filing. | | | | | | | | |
| Please return all correspondence concerning this matter to the | ne following: | | | | | | | | |
| RUBIN HWTER (Name of Person) | | | | | | | | | |
| - (Name of Person) | | | | | | | | | |
| | | | | | | | | | |
| (Firm/Company) | | | | | | | | | |
| 2907 HELSINKI CITZ | | | | | | | | | |
| (A | ddress) | | | | | | | | |
| HOLLYWOOD FL 33026 | | | | | | | | | |
| (City/State | and Zip Code) | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | | |
| RoBIN HUNTER | at (954) 918 - 5923 (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 | | | | | | | | |
| • | • | | | | | | | | |
| | | | | | | | | | |
| Mailing Address: Street Address: | | | | | | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| . The name of | of a limited | liability cor | mpany is | | | | | | | |
|----------------------------------|---------------------------|----------------------------|---|----------------------|-------------|---------|------------------------------------|---------------------------------------|---|--------------------|
| DEF | MEAL | المراكم والم | om, LL | C | | | | | | |
| . The Article | es of Organi | ization were | e filed on | 10/8/2 | 2020 | | an | d assigr | ned | |
| document r | number 🖳 | <u> 9000</u> | :0319L | 677 | | | | | | |
| | ie date inseri | ea in ims bio | solution if no unot be prior to ock does not m ute on the Depa | icei ine appi | icabie stat | шюгу т | filing: date docu iling requ | z/z ment is re irements. | 8-/2 6 Z ceived for fili this date wi | ng) ill not be |
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| FLORID | A 5 | TATUI | ZDAKE | | | | | · · · · · · · · · · · · · · · · · · · | | _ |
| 5. If there are | no member | rs, enter the | name and ac | Idress of th | e person | appoir | nted to w | ind up tl | ne company | y`s |
| activities ar | nd affairs: | | | | | | | | | |
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| 5. Signature on above to wind | f an author up the com | ized person pany's acti | or if there ar vities and aff | re no memb fairs: | pers, the s | signatu | ire of the | person | appointed a | ınd li <u>s</u> te |
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FILING FEE: \$25.00