La 0000346433

(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:				

Office Use Only



200399788282

01/09/29--01017--027 *#25.00

2029 JAN -9 AHII: 09
SEUREDARY SINIS

A. RIVERS MAR 1 5 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Attwater LOOP FLORIDA LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
)						
ODI K. BEIER (Name of Person)						
(Name of Person)						
<i>N/A</i>						
(Firm/Company)						
10942 W Tour Ciala						
10942 W. Tropicana Circle						
Cun C+ N== CF3F1						
Sun City, Arizona 85.351 (City/State and Zip Code)						
For further information concerning this matter, please call:						
lost Reier	1/AP 780-9415					
(Name of Person)	at (608) 780-9465 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:	,					
\$25.00 Filing Fee and Certificate of Dissolution						
323.00 Fitting Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
	15					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations P.O. Box 6327	Division of Corporations 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 liabilit	y company is			
Attwate	R Loop	FIORIDA	LLC	·
2. The Articles of Organization			and assigne	ed
document number $\angle 2$	00003464	33		
3. The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effective date.	is block does not me	et the applicable statute	ory filing requirements,	a3 eived for filing) this date will not be
4. A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the	limited liability comp	pany's dissolution pur	suant to section
				
				
5. If there are no members, enter	er the name and add	trace of the person an	unginted to wind up th	o company's
activities and affairs:	T the name and add	aress of the person ap	pointed to while up th	
	I J od I	- K. BETE	R	SECRETAR SECRETAR
	Jod	K. Suin	_	SER
	10942 Sun C	K. BETE K. Juin W. Tropicon Y. Aridna	in Circle	Priorie O
6. Signature of an authorized peabove to wind up the company's	erson or if there are	no members, the sig	nature of the person a	ppointed and listed
1		٠		
Jodik Beren			DI K. BEI	ER
Signature			Printed Name	

FILING FEE: \$25.00