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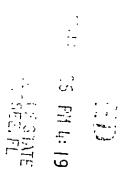
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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03/26/21--01011--006 **25.00



Jan 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAP Properties Finance of Limited Link	1/2/16 (1 L C pility Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the fol	lowing:
Nirgarat Morgane of Pro	rson)
Der Properties (Firm/Com	pany)
6000 150 1-1 (Addres	Juin. 120"
Cleur water +1. 3	376 ¹ / _{Zip Code})
For further information concerning this matter, please call:	
(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)
Mailine Address:	reet Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 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 Properties Philist C.
2.	The Articles of Organization were filed on $\frac{1}{2} - \frac{1}{2} + \frac$
	document number <u>L2000037/616</u>
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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Claurumtar, F1 33764
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
1	Turjats I man Margarit S. Morgat

FILING FEE: \$25.00