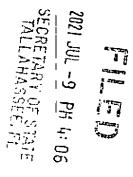


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





07/09/21--01018--017 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	. ,		
CORRECT CORRELL OUNCE	> LLC		
SUBJECT: CAPY / OUT 9T	oilted Liability Company)		
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
Kaypesha R	lame of Person)		
(Firm/Company)			
1700 NW 58th Le	crace Apt. 2B		
Sunrise, FL 3331 (city/s	State and Zip Code)		
For further information concerning this matter, please ca	nil:		
Kainesha Billis (Name of Person)	at (95H) 478 -7836 (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		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	ility company is_	
	Carry Lange 11C	
2. The Articles of Organization	on were filed on $11/30/20$ and assigne	d
document number <u>L20</u>	0000 374 374	ı
effectiv Note: If the date inserted in	the dissolution if not effective on the date of filing: <u>July 20</u> we date cannot be prior to or more than 90 days later than date document is recent this block does not meet the applicable statutory filing requirements, the ective date on the Department of State's records.	O, 202 ived for tiling) his date will not be
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability company's dissolution purs (copy 605.0707 on back cover letter). F his Limited liability Company	uant to section
no longer in the business	Herested in Owning and Open 5.	ating
5. If there are no members, en activities and affairs:	nter the name and address of the person appointed to wind up the	Smpan Ju
	Kaynesha Billins	AARY AARY
	1700 NW 58th torace Apt. 28	SS F O
	Survise FL 33313	06 31r
 Signature of an authorized pabove to wind up the company 	person or if there are no members, the signature of the person ap 7's activities and affairs:	pointed and listed
Karl Signature	Kaynesha Billins	<u>-</u>

FILING FEE: \$25.00