L20 000389588

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status		of Status	
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SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT: LTHL Company (Name of Limited Liability Company)				
The enclo	osed Articles of Dissolution and fee(s) are submitted	for filing.		
Please ret	turn all correspondence concerning this matter to the	following:		
	Jacquelyn 2 Trot (Name o	f Person)		
	LTHL Company	ompany)		
	3959 VON DYKE Rd	Suite 149 lress)		
City/State and Zip Code)				
For further information concerning this matter, please call:				
-	Tacque.yn Trotta (Name of Person)	at (813) 390-S634 (Area Code & Daytime Telephone Number)		
Enclosed i	is a check for the following amount:			
<u> </u>	\$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	Street Address: Registration Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is 2. The Articles of Organization were filed on 12 | 14 | 20 and assigned document number L 20000389 S88 3. The delayed effective date the dissolution if not effective on the date of filing: 2/28/2022 (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). Other matters took precedence and no longer wish to continue with the business. 5. If there are no members, enter the name and address of the person appointed to wind up the company's Jacquelyn Z Trotta activities and affairs: 239 van Dyke Rd Suite 149 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:

FILING FEE: \$25.00

Tacquelyn Z Trotta Printed Name