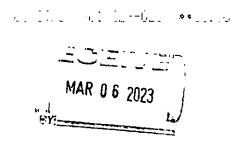
L21000016735

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/Clate/2ip/Filone #)			
PICK-UP WAIT M	1AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	BMH GROUP LLC				
SOBJECT.	(Name of Limite	d Liability Compa	any)		
The enclose	d Articles of Dissolution and fee(s) are submitt	ed for filing.			
Please retur	n all correspondence concerning this matter to t	he following:			
	MANUEL DIAS LOUREIRO JUNIOR				
(Name of Person)					
	BMH GROUP LLC				
	(Firm/Company)				
	5 GAYNOR AVE				
	(Address)				
	NESCONSET, NY 11787				
	(City/Stat	e and Zip Code)	-		
For further	information concerning this matter, please call:				
MANUEL DIAS LAUREIRO JUNIOR		516 at (334-1888		
	(Name of Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a	check for the following amount:				
□ \$2	5.00 Filing Fee and Certificate of Dissolution		g Fee. Certificate of Dissolution & Copy (additional copy is enclosed)		

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

1	The name of a limited liability of	Sampuny ic	2023 MAR -6 PM 1:21
.,	BMH GROUP LLC	Company 13	SECRETARY OF STATE THE MINISTER FERRITA
2.	The Articles of Organization we	ere filed on 01/22/2021	
	document number L2100001673	5	
3.	Note: If the date inserted in this l	camilot be prior to or more man 50 day	statutory filing requirements, this date will not be
4.	A description of occurrence tha 605.0707, Florida Statutes, (cop	t resulted in the limited liability y 605.0707 on back cover letter	company's dissolution pursuant to section r).
	The dissolution was authorized at a	meeting of shareholders by two-th	nirds of the votes
	of all outstanding shares entitled to	vote.	
5.	If there are no members, enter t	he name and address of the pers	son appointed to wind up the company's
	activities and affairs:		
	_		
	_		
6. ab	Signature of an authorized personve to wind up the company's a	on or if there are no members, t ctivities and affairs:	he signature of the person appointed and listed
_		MANUE	L DIAS LOUREIRO JUNIOR
/	Signature		Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is: 1.21000016735
Date of dissolution was:
Description of information that must be included in a written claim:
Limited Liability Company Dissolution
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
5 GAYNOR AVE
NESCONSET, NY 11787

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANUEL DIAS LOUREIRO JUNIOR

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00