12100068836

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE NUV - 8 207	<u>)</u>

Office Use Only



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TILEU
2021 OCT 28 PH 3: 44

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 12mends 4 17th	Arena Work	
	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the	following:	
Jenniter Bu	otoheR	
(Name o	of Person)	
	<u>.</u>	
6421 NW12+	h Street	
Ocala FZ	34482 and Zip Code)	
For further information concerning this matter, please call:		
	at (606) 269-4817 (Area Code & Daytime Telephone Number)	
((and course or any and companies or annex)	
Enclosed is a cheek 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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Division of Corporations	Division of Corporations	

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

FILED

2021 OCT 28 PM 3: 44

_	101 201 201 201 201 201 201 201 201 201
1.	The name of a limited liability company is SECRETARY OF S SECRETARY OF S TALLAHASSEE. F.
2.	The Articles of Organization were filed on Feb 20 21 and assigned
	document number <u>L21000068836</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: Ut 25 2 (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).
	Never started business due to
	health redsons
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	Jennifer Butcher 1 H21 NIM 1211 (1-t-
	Ocab, FL 34482
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:
/	Jent Suth Jenniter Butchel
	Signature Printed Name FILING FEE: \$25.00