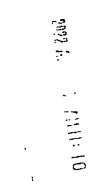
421000146604

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

Office Use Only



04/25/22--01025--007 **25.08





COVER LETTER

Division of Corporations			
SUBJECT: BUSSFUL BYMOZ L	LC		
(Name of Limited	Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the	: following:		
Gusphalney Saby	ing Changer of Person)		
	•		
(Firm/C	Company)		
300 NW 3rd	dress)		
,	dress)		
Mallandat Beac (City/State a	<u>NF133009</u> and Zip Code)		
For further information concerning this matter, please call:			
Gusphalney Salatino (heny	at (15H) 1777-1569 (Area Code & Daytime Telephone Number)		
(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)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is (SCFU) BY (COZ LLC)				
2.	The Articles of Organization were filed on MOV(M 89, 808) and assigned				
	document number L 21000140604				
3.	The delayed effective date the dissolution if not effective on the date of filing: Managed Diox (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). LC (US) NCT USO WHAN THE WORK COMPANY LAS NOT COMPANY LAS NOTICES NOTICES NOTICES NOTICES NOTICES NOT COMPANY LAS NOTICES NOTI				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:				
	<u> </u>				
6. aba	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:				
	Signature GUS MONTH S. Chry 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: BISHU BOUCE LL	_
Document number of Limited Liability Company is: 12100146604	_
Date of dissolution was: LIRA	
Description of information that must be included in a written claim:	
Company is not in sprvice.	
	_
	<u>,</u>
	<u>.</u>
	÷
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	? = =
300 NW 3rd Ct, Hallandule Brach, F1	- -
<u>33009.</u>	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	the
Grusphalney Salaring Chery 1860	_

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