hz1 000 167470

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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01/24/22--010/23--028 ++25.00

2022 JAN 24 AM 6: 34 SECRETARY OF SIMP

O SIMMONS FEB 0 3 2022

COVER LETTER

TO:		stration Section ion of Corporations				
SUBJI		Birthright LLC				
	-	(Name of Limited Liability Company)				
		Articles of Dissolution and fee(s) are submitted all correspondence concerning this matter to t				
	Wade Partish					
	(Name of Person)					
		Parrish & Parrish CPAs PA				
	(Firm/Company)					
		6700 S. Florida Ave, Stc. 19				
	(Address)					
		Lakeland, FL 33813				
		(City/Sta	te and Zip Code)			
For fu	irther in	formation concerning this matter, please call:				
Wade Parrish		de Parrish	863 709-8337			
		(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclos	sed is a c	heck for the following amount:				
■ \$25.00 Filing Fee and Certificate of Dissolution		00 Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Reg Div P.O	ling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 JAN 24 AM 6: 34

The name of a limited liabilit Birthright LLC	company is	SEURE (APY OF STATE TALL AMASSES, FIL		
2. The Articles of Organization	were filed on 04/12/2021	and assigned		
document number 1.21000167	170			
Note: If the date inserted in th	ate cannot be prior to or more man 90 i	le statutory filing requirements, this date will not be		
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).				
Owner and business moving ou	t of state.			
Owner and business movings out	of state.			
5. If there are no members, enter	r the name and address of the p	erson appointed to wind up the company's		
activities and affairs:				
	· · · · · · · · · · · · · · · · · · ·			
6. Signature of an authorized peabove to wind up the company	erson or if there are no members activities and affairs:	s, the signature of the person appointed and listed		
1/1/1/1/1/				
	Richar	rd Partlow Jr		
Signature		Printed Name		

FILING FEE: \$25.00