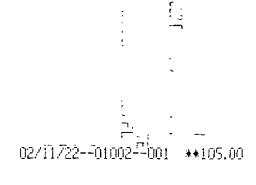
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	status
Special Instructions to	Filing Officer:	
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A. BUTLER FEB 1 0 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brevard St Marketplace LCC
DOCUMENT NUMBER: <u>L2(006303423</u>
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
626 W Brevard ST
626 W Brevard ST (Address)
Tallahassee TL 32304
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 597-5427 (Daytime Telephone Number)
Enclosed is a check for the following amount:
\(\sum_{\text{S25 Filing Fee}}\)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Prevaid ST Marketplace LIC
2.	The Articles of Organization were filed on $\frac{7/1/202}{}$ and assigned
	document number <u>121 960 30 342 3</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 2 10 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). Conversing to Non-Orof.7
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	activities and affairs: Kayla Jefferson 606 W Brevard ST Tallahassee F 32304
	Tallahassee Fr 32304
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:
j	Kayla Sefferson
寸	Signature Printed Name

FILING FEE: \$25.00