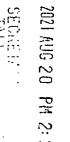
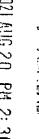
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:









COVER LETTER

	tion Section of Corporations					
SUBJECT:	FAST	Name of Limited	Liability Company)	MayThe	LLC)
The enclosed Art	icles of Dissolution an	d fee(s) are submitted	d for filing.			
Please return all	correspondence concer	ning this matter to th	e following:			
	mayt	the Ale	Of Person)		_	
		(Firm/	Company)		_	
		(A	ddress)		2021 AUG 20 SECNETAL	#= [F
		(City/State	and Zip Code)		6 20	ا 5 ردیست ۲۰ تا
For further infor	mation concerning this	matter, please call:			PM/	j j j
MA	The Alv	APCZ son)	at (Area Code	438-6 & Daytime Telephone N	976 (umber)	San
Enclosed is a chec	ck for the following amou	nt:				
☐ \$25.00	Filing Fee and Certificate	of Dissolution		e. Certificate of Dissolut (additional copy is enc		
<u>Mailin</u>	g Address:		Street Address:			

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

i. The name of a limited liability company is
FAST LAUNDRY by MANTHE, LLC.
2. The Articles of Organization were filed on and assigned
document number <u>L 21000306863</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (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). This is NOT MY LC. IDID NOT AUTHORIZE
ANYONE TO USE MY NAME OR Address.
5. If there are no members, enter the name and address of the person appointed to wind up the company's 5
activities and affairs:
ည် က က
Signature of an authorized person or if there are no members, the signature of the person appointed and listed
S/2/2/
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: RAS LAUNDRY DY MAY DE LAL
Document number of Limited Liability Company is: L 2100 30 6865
Date of dissolution was:
Description of information that must be included in a written claim:
Someone used my name a arthress to form this LLA. Idid NOT AUTHORIZE. I Am worried that this is identity theft.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations): 200 MANO LAKO DV MANO TSIAWO FL34145
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. MAYING Printed Name of the Person Filing Trinted Name of the Person Filing

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