## L21000315558

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





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03/08/23--01020--002 \*\*25.00

A. RIVERS MAY 1 3 2023

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Christian Charist	LC		
(Name of Limited	l Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.		
Please return all correspondence concerning this matter to the	na fallowing		
r rease return an correspondence concerning this matter to tr	ic tonowing.		
William L Alding	er-		
(Name of Person)			
$\Gamma 1 - \Gamma = \Gamma 1 + C$			
Christian Charis LLC (Firm/Company)			
(Prim/Company)			
3170 Bunny Rua Dr			
<u> </u>	(dress)		
N Ft Myers, Fl	33917		
/ / (City/State	and Zip Code)		
For further information concerning this matter, please call:			
	0.70 0.70 75 7		
(Name of Person)	at ( <u>239</u> ) <u>834 - 78 / 0</u> (Area Code & Daytime Telephone Number)		
(Natile of Ferson)	(Area Code & Daytine 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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
rananassee, 112 22214	Tallahassee, FL 32303		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is	
	Christian Charis LLC	
2.	The Articles of Organization were filed onand assigned	
	locument number <u>L21000315558</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/3/2023 (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.	)C
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
	Loss of money, unable to sustain continued loss,	
5.	f there are no members, enter the name and address of the person appointed to wind up the company's	
	activities and affairs: William LAldinger	1
		٠
	(5)	٠.,
	25 <b>2</b> 5 <b>2</b>	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and lisve to wind up the company's activities and affairs:	ec
	Vellian L. Aldinger William L. Aldinger Signature Printed Name	

FILING FEE: \$25.00