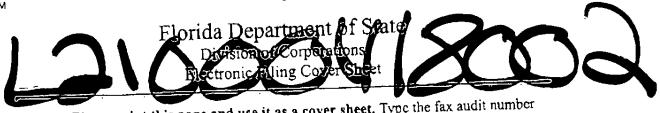
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

Phone : (305)444-6226

Fax Number : (305)442-4829

## LLC DISSOLUTION OR WITHDRAWAL ZULU HOLDING LIMITED LLC

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T. LEMIEUX FEB 10 2022

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## COVER LETTER

TO:	Registration Section Division of Corporations			3
٠		ZUŁU HOLDING	LIMITED LLC	
SUBJE	CT:	(Name of Limited L	iability Company)	
	closed Articles of Dissolutio return all correspondence co			
	LAURA KOHN			
•		(Name o	( Person)	<del></del>
	ARAZOZA & FE	RNANDEZ-FRAGA P.A.		
		(Firm/C	ompany)	
	2100 SALZEDO	STREET, SUITE 300		
		(Ad	dress)	
	CORAL GABLE			
		(City/State)	and Zip Code)	
For fi	uther information concernin	g this matter, please call:		
• •	LAURA KOHN		305	444-6226
	(Name	of Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed is a check for the following  \$\begin{align*} \begin{align*} \		□ \$55.00 Filing Fo Certified Cop	se, Certificate of Dissolution & y (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee roe Street, Suite 810

H22000052063 3

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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 LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF  ALL ITS MEMBERS.  5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	ZULU HOLDING		<b>-</b> -'				
The delayed effective date the dissolution if not effective on the date of filling.  (effective date cannot be prior to or more than 90 days later than date document is received for filling).  Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF  ALL ITS MEMBERS.  If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	The Articles of Or	rganization were filed on 09/22/2021, effective 09/21/2021 and assigned					
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.  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 LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF ALL ITS MEMBERS.  If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	document number	L21000418002					
THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF  ALL ITS MEMBERS.  5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  6. Signature of an authorized person or if there are no members, the signature of the person appointed and liabove to wind up the company's activities and affairs:	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)  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  (effective date cannot be prior to or more than 90 days later than date document is received for filing)						
ALL ITS MEMBERS.  If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  6. Signature of an authorized person or if there are no members, the signature of the person appointed and liabove to wind up the company's activities and affairs:	A description of 605.0707, Florida	occurrence that resulted in the limited liability company's dissolution pursuant to se Statutes, (copy 605.0707 on back cover letter).	etion				
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  6. Signature of an authorized person or if there are no members, the signature of the person appointed and liabove to wind up the company's activities and affairs:	THIS LIMITE	ED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF					
6. Signature of an authorized person or if there are no members, the signature of the person appointed and li above to wind up the company's activities and affairs:	ALL ITS MEN	MBERS.					
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ANTONIO DAVID TUR ESTRADA	<ol> <li>Signature of an above to wind up t</li> </ol>	authorized person or if there are no members, the signature of the person appointed the company's activities and affairs:	and lis				
Printed Name	(A)	ANTONIO DAVID TUR ESTRADA	رن 				

FILING FEE: \$25.00