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| (Parivactora Nama) | | | | |
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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| , | | | | |
| (Document Number) | | | | |
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| Cartificat Canina Cartificator of Status | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: LIXLY M, CKey (Name of Limited) | HC | | | |
| // (Name of Limited | Liability Company) | | | |
| The enclosed Articles of Dissolution and fee(s) are submitted | for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Randall Rojna (Name of Person) | | | | |
| (Firm/Company) | | | | |
| 10163 Shallow L | vater DR. | | | |
| Willer Garden | FL 34787 | | | |
| (City/State and Zip Code) For further information concerning this matter, please call: A | | | | |
| 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: 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

FILED 2021 NOV -5 PM 4: 24

| 1. The name of a limited liab | · · · · | | SECRETARY OF STA |
|---|---|---|--|
| 2. The Articles of Organization | _ | 128/2021 | _ and assigned |
| document number <u>La</u> | 1000429247 | - | |
| 3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date. | e date cannot be prior to or mo this block does not meet the | re than 90 days later than date of applicable statutory filing (| : document is received for filing) requirements, this date will not be |
| 4. A description of occurrenc 605.0707, Florida Statutes, ———————————————————————————————————— | (copy 605,0707 on back of | cover letter). | in Floricla. |
| | | | |
| If there are no members, er activities and affairs: | N-T Dein | σ | • • |
| | 10163 | hollow hake | $\mathcal{D}\mathcal{Q}$ |
| | hinter G | shollou hake asolen FL | 34787- |
| Signature of an authorized above to wind up the company | person or if there are no ty's activities and affairs: | nembers, the signature of | the person appointed and listed |
| | | R) 4 | 7. Ej NG |
| Signature | | Printec | l Name |

FILING FEE: \$25.00