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## **COVER LETTER**

TO: Registration Section Division of Corporations										
SUBJECT: TAMPA BAY BOWFISH	16 LLC									
SUBJECT: TAMPA BAY BOWFISHWG LLC (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:										
(Name of Person)										
TAMPA BAY BOWFISHING LLC (Firm/Company)										
105 22ND ST NW #5										
Ruskin FL 33:70 (City/State and Zip Code)										
For further information concerning this matter, please call:										
WILLIAM CLARK	at (963) 398 5537									
(Name of Person)	(Area Code & Daytime 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 Division of Corporations	Registration Section Division of Corporations									
P.O. Box 6327	The Centre of Tallahassee									
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303									

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit	ty company is	A BAY	BOWF	15H1 NZ7	LL	<u></u>	
2.	The Articles of Organization	were filed on	11/2021	<u>.</u>	and assig	ned		
	document number <u>L210</u>		_		1	i		
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	is block does not meet the	e applicable st	atutory filing				iot be
4,	A description of occurrence 605.0707. Florida Statutes, (c	opy 605.0707 on back o	cover letter).		issolution p	ursuai	nt to secti	on ·
	MOVING TO A	LOCATION T	71AT D	DESNIT	Su 770	)ZĪ	THE	
	MOVING TO A NAME OF T	AMPA BAY	,,, <u> </u>			·	072 Ji	
							227	 ·
				_			j. : j	
5.	If there are no members, enter activities and affairs:	er the name and address	of the perso	n appointed	to wind up	the co	ompany's	
		WILLIAM CLA	FRIL					
		105 22ND 9	ST NW	#5				_
		RNOKIN FL	3397 <u>0</u>	>				_
6. al	Signature of an authorized pove to wind up the company	erson or if there are no s activities and affairs:	members, th	e signature o	of the persor	і арро	ointed and	Histoc
	NALL		$\lambda$	12,17M	CLAR	<u>'</u>		_
	Signature		Printed Name					

FILING FEE: \$25.00