<u>La1000510050</u>

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Miled Copies Certificates of St	tatus	
Special Instructions to Filing Officer: J. HORNE NOV 2 2 2022		

Office Use Only



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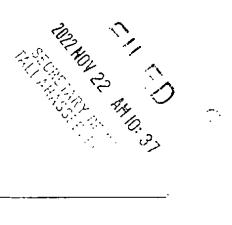
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COVER LETTER $\tilde{\ }$

TO: Registration Section Division of Corporations		
SUBJECT: Specify Source (Name of Limited	L L C L L C L L L L L L L L L L L L L L	
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Treva Linkas	e of Person)	
(Firm/Company)		
Cranfordieles (City/State		
Chartenelmele) (City/State	7-1. 32327 and Zip Code)	
For further information concerning this matter, please call:		
(Name of Person)	at () (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: 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



1. The name	me of a limited liability company is	-
Spi	iciality Seiling	·
2. The Artic	ticles of Organization were filed on $\frac{12-3-2021}{}$ and assigned	
document	ent number <u>L 21000510050</u>	
Note: If	layed 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this das the document's effective date on the Department of State's records.	for tiling) ate will not be
4. A descrip 605.0707,	ription of occurrence that resulted in the limited liability company's dissolution pursuant 17, Florida Statutes, (copy 605.0707 on back cover letter).	to section
N. 15	a longer wish to de Yriseness	
5. If there a	are no members, enter the name and address of the person appointed to wind up the cor	npany's
activities	es and affairs:	
	Triva Kenhar H.	
	60 Harner ar. n.	
	Crawfordwille 71, 32327	
6. Signature above to wir	are of an authorized person or if there are no members, the signature of the person appoint up the company's activities and affairs:	nted and listed
Treva	2 Wentarelt TREVA DENHARD Signature Printed Name	<u>) T</u>

FILING FEE: \$25.00