

121 000515564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

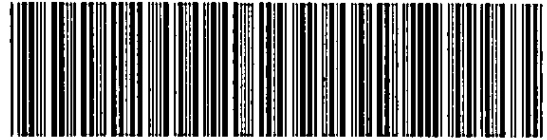
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000392601120

08/12/22--01017--016 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 12 PM 4:18

J DENNIS
SEP 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fewji, 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:

Elizabeth Shaheen
(Name of Person)

Fewji, LLC
(Firm/Company)

101 Marketside Ave, 404-145
(Address)

Ponte Vedra, FL 32081
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Shaheen at (904) 400-3678
(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:

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 of a limited liability company is

Fewji, LLC

2. The Articles of Organization were filed on Dec. 06, 2021 and assigned
document number L21000515564

3. The delayed effective date the dissolution if not effective on the date of filing: June 01, 2022
(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.

4. 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).

The company was unable to generate significant revenue.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Elizabeth Chong

101 Marketside Ave

Suite 404-145

Ponte Vedra, FL 32081

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Elizabeth Chong
Signature

Elizabeth Chong
Printed Name

FILING FEE: \$25.00