## L22000035271

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Umilk





300420518773

12/27/23--01019--009 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: United Southern associates UC	
(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:	
DLNULY WWHES (Name of Person)	
United Southern associates us	
6295 S Williamson Brud #923	
Port Orange FL 32128 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Undsi White Blay at (876), 656 8904 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	
Mailing Address:  Registration Section  Street Address:  Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
United Southern USSOCIATES UC	
2. The Articles of Organization were filed onand assigned	
document number <u>122000035271</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: NA (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 listed as the document's effective date on the Department of State's records.	: be
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).	1
The dissolution of this business is occurring	
due to damage caused to my equipment	
during Hurricane Ian. I have tried to.	
come back from it but it's time to give Exp.	j 3"
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	ئة بيسار مدر كار سرد
105 DOK WOOD CT	•
Poull 8/10018 AR. 72619	
6. Signature of an authorized person or if there are no members, the signature of the person appointed and lisabove to wind up the company's activities and affairs:	sted
Demier Danier	
Vin Utitto Denver Wartes  Signature Printed Name	

FILING FEE: \$25.00