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## **COVER LETTER**

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TO:	Registration Section Division of Corporations			
SHRIF	CLAY REMODELING LLC			
SUBJECT: (Name of Limited Liability Company)				
The en	closed Articles of Dissolution and fee(s) are submit	tted for filing.		
Please	return all correspondence concerning this matter to	the following:		
	SHERISSA S. ZAMBRANO			
		me of Person)		
		me of Person)		
	CLAY REMODELING LLC			
	(Fir	rm Company)		
	4120 CROWNWOOD DR			
(Address)				
	JACKSONVILLE - FL 322116			
	(City/Sta	ate and Zip Code)		
For fur	ther information concerning this matter, please call	:		
	ASTRID V. BECERRA G	904 962-7885		
	(Name of Person)	(Area Code & Daytime Telephone Number	)	
Enclose	d is a check for the following amount:			
į.	□ \$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	Street Address: Registration Section		
	Division of Corporations	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

2. The Articles of Organization were filed on $\frac{02/09/2022}{}$ and assigned	
document number <u>L22000067846</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 04/11/2024  (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 listed as the document's effective date on the Department of State's records.	g) I not be
<ol> <li>A description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 605.0707. Florida Statutes. (copy 605.0707 on back cover letter).</li> </ol>	ction
BY MEMBERS AGREEMENT	_
	2024
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affaire:	
	יי יי
	_
	_
6. Signature of an authorized person or if there are no members, the signature of the person appointed an above to wind up the company's activities and affairs:	id listed
SHERISSA S. ZAMBRANO	<del></del> -
Silvantire Printed Name FILING FEE: \$25.00	

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Jacksonville, April 11, 2024

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 N. MONROE STREET SUITE 810 TALLAHASSEE – FL 32303

This is to confirm and certify that the attached Articles of dissolution for the limited liability company named CLAY REMODELING LLC,

are in accordance to mutual agreement of members of the LLC.

This dissolution is effective April 11, 2024.

Thanking you in advance for your cooperation in this matter.

Cordially

SHER**RISA** S. ZAMBRANO (MGR)

PH (904)962-7885

4120 CROWNWOOD DR

JACKSONVILLE - FLORIDA 32216

ASTRID V. BECERRA G (AMBR)

PH (904)994-3685

8390 MEADOW WALK LANE

JACKSONVILLE - FL 32256