

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filin, per:	
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04/01/24--01031--030 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	KV V ted Liab lity Company)
(Name of Limi	ted Liab ∄ ity Company)
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
<u>Diana</u>	Ena Michelle Bouvier
1619 Clem	notis Lane
	(Address)
Winter Park	FC 32792 atc and Zip Code)
• •	'
For further information concerning this matter, please call	:
Michelle Bourier (Name of Person)	at (<u>702</u>) <u>217 (e142</u> (Area Code & Daytime Telephone Number)
Enclosed is g'check for the following amount:	
S25.00 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 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee. 1 E 32314	Tállahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Clevevy	
2.	The Articles of Organization were filed on	
	document number <u>L22 00 W 7 8 2 5 4</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 3/18/2024 (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 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). Change of Plans	
	20.24 APT	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Diana Pena TV	
	Michelle Bovier	
ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:	
Ł	Diana Diana Printed Name	
FILING FEE: \$25.00		

M. Benri

michelle Bouvier