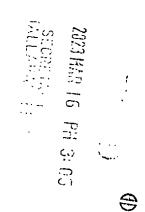
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE MAR 1 6 2023

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03/17/23--01001-+003 **55.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Elegant House Fuhlu (Name of Limited Liability C	re and kitchen IIC	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following		
Belul Alhalah (Name of Person)		
Elegant house furniture and Kitenen LL		
2159 Mahan Drive		
Talluhussee FL 3	23 o 3	
For further information concerning this matter, please call:		
	rea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
_	Filing Fee, Certificate of Dissolution & fied Copy (additional copy is enclosed)	
Mailing Address: Street Ad Registration Section Registra	Idress: ition Section	
_	n of Corporations	
	ntre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2023 HAR 16 PH 3: 06

1.	The name of a limited liability company is Elegant House Furniture and Kitchen LL
2.	The Articles of Organization were filed on $3-9-22$ and assigned
	document number L22000096478
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/10/23 (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 reason for closing our business because
	we didn't make any Profits and it got
	Stressful for us to pay all the expenses.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. 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:
_	Signature 30/6 And a D

FILING FEE: \$25.00