L22000 33240

(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					
APR 1 6 2024					

Office Use Only



000426172410

03/26/24--01014--010 **25.00



COVER LETTER

Division of Corporations					
SUBJECT: MG. NS GROOTHUM ASTRE					
(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:					
Diane Hartman					
(Name of Person)					
Ma Da Gren Mund - (Firm/Company)					
3709 Sullon V.					
City/State and Zip Code)					
For further information concerning this matter, please call:					
Diane Hartman a1 402 234-7368					
(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:

TO:

Registration Section

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

FILED

1.	The name of a limited liability company is	2024 MAR 26	AM 11: 39		
	MS DS Green loumps	1 1 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	-CSTATE		
2.	The Articles of Organization were filed on Hob 7,202	and assign	ed (************************************		
	document number <u>LDDDD</u> 13304D	1			
3.	The delayed effective date the dissolution if not effective on the date of fil (effective date cannot be prior to or more than 90 days later than d. Note: If the date inserted in this block does not meet the applicable statutory fill listed as the document's effective date on the Department of State's records.	ate document is rec			
4.	A description of occurrence that resulted in the limited liability company's 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). ANC DOMNANY LOSS HAVE TO KEEL THE LOSS COSTONE WAVE TO KEEL THE ALL SHOWS WAVE TO KNOWS WAVE TO KNOW	is dissolution pur	ive		
5.	If there are no members, enter the name and address of the person appoint activities and affairs: 3704 Sulfan M DM 74. 3360	ed to wind up th	ne company's		
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:					
\ 	sulfathou Sove	Jach	QA_		

FILING FEE: \$25.00