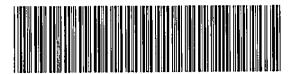
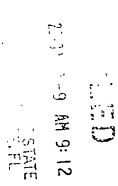
## L22000156285

_						
(Red	questor's Name)					
(Add	dress)					
•	·					
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	e)				
(Do	cument Number)					
Certified Copies	Certificates	of Status				
	_					
Special Instructions to	Filing Officer:					
	-					

Office Use Only



400402999314





CORPORATION SERVICE COMPANY 1201 Hays Street

\_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

Tallhassee, FL 32301

Phone: 850-558-1500									
ACCOUNT NO. : 12000000195									
REFERENCE : 557981 4304417									
AUTHORIZATION: CARELLE BOX									
COST LIMIT : \$ 25.00									
ORDER DATE: March 9, 2023									
ORDER TIME : 2:58 PM									
ORDER NO. : 557981-005									
CUSTOMER NO: 4304417									
DOMESTIC FILINGS									
NAME: LOGOS CORPORATE SERVICES LLC									
XX ARTICLES OF DISSOLUTION									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									

EXAMINER'S INITIALS:

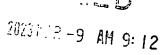
## **COVER LETTER**

Registration Section
Division of Corporations

TO:

LOGOS CORPORATE SERVICES LLC									
SUBJECT:(Name of Limited Liability Company)									
The enclosed Articles of Dissolut	ion and fee(s) are submitt	ed for filing.							
Please return all correspondence of	concerning this matter to t	he following:							
Lauren Buckm	Lauren Buckman								
<del></del>	(Name of Person)								
Much Shelist, I	Much Shelist, P.C.								
	(Firm/Company)								
191 N. Wacker	191 N. Wacker Drive, Suite 1800								
	(Address)								
Chicago, IL 60	Chicago, IL 60606								
	(City/Stat	e and Zip Code)	<u> </u>						
For further information concernit	ng this matter, please call:								
Lauren Buckman		312 at (	521-2138						
(Name	of Person)	(Area Code & Daytime Telephone Number)							
Enclosed is a check for the following	g amount:								
<b>≘</b> \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)							
Mailing Address:		Street Addres							
Registration Section		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



۱.	The name of a limited liability							
2.	The Articles of Organization	were filed on 03/31/20	)22	and assigned	7			
	document number L2200015							
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 605.0707, Florida Statutes, (	that resulted in the lim	ited liability company's cover letter).	dissolution pursuar	nt to section			
	Dissolution of a company the							
5.	Dissolution of a company that  If there are no members, entered activities and affairs:			ed to wind up the co	empany's			
999 VANDERBILT BEACH ROAD, SUITE 410-C NAPLES, FL 34108								
						6 a	. Signature of an authorized p bove to wind up the company	person or if there are no 's activities and affairs
		7	DOUG TRAUX, MA	NAGER				
	Signature		Prin	ited Name				

FILING FEE: \$25.00