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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 743 London A (Name of Limited I	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to the	-
Can dece (Name o	Chen to O
	Ompany)
9206 Cromwell Gar	
(City/State a	1 SECRETARY OF SEC
For further information concerning this matter, please call:	HASSET TO
Candace Chemtob (Name of Person)	at (407) 383 - 4308n 3 3 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\square \frac{1}{3}\frac{2}{5}.00\$ Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address: 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

1. The	name of a lim	ited liability c	ompany is						
	743	3 Lon do.	n Road,	ш					.•
2. The	Articles of Or	ganization we	re filed on	4/8/2	12-	and a	assigned		
docı	ument number	L22000	169578						
Not	te: If the date in	effective date) nserted in this b	issolution if no cannot be prior to lock does not m date on the Depa	or more than cet the applic	90 days later than cable statutory fi	date documen			
4. A de 605.	escription of o	ccurrence that Statutes, (copy	resulted in the 605,0707 on	limited liab back cover l	oility company etter)	's dissoluti	on pursuant	to secti	on
Per			bood w			rcemei	1+ , + the	E LI	LL
21	heing	dissalv.	ed. The	reak	property	held	6是是此	T.	T H
_6	c hus	heen	sold,	Both	memb	ren	hand	+	100
	onsental	bo -	the d	iscolu	tion		SEE S	<u> </u>	
	ere are no mer		ne name and ad	ldress of the	person appoin	ited to wind	l up the com	par iy s	
			··· - ·- ····-	··- · =··					
		_							
6. Sign above t	nature of an au to wind up the	thorized perso company's ac	on or if there ar tivities and aff	e no membe airs:	ers, the signatu	re of the pe	rson appoin	ted and	listec
0	Re HOM	H			Cenda	ice C	hens to	.b /	Ma e
	Sig	gnature			Pri	inted Name	hem to	<u>~</u>	U

FILING FEE: \$25.00