22000201249

(Requestor's Name)
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COVER LETTER

ted Liability Company)
tted for filing. the following:
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me of Person)
m/Company)
(Address)
ate and Zip Code)
l:
507 219-0113 at ()_
(Area Code & Daytime Telephone Number)
☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
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

The Articles of Organization were filed on	and assigned
The Affices of Organization were fired on	and along nee
document number L22000201249	
The delayed effective date the dissolution if not effective on th (effective date cannot be prior to or more than 90 da Note: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of State's	ys later than date document is received for filing) statutory filing requirements, this date will not be
A description of occurrence that resulted in the limited liability 605.0707, Florida Statutes, (copy 605.0707 on back cover letter	company's dissolution pursuant to section).
Business is no longer running.	
Business is no longer running.	
Business is no longer running.	2025
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If there are no members, enter the name and address of the pers	လ
activities and affairs:	
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Signature of an authorized person or if there are no members, t	

FILING FEE: \$25.00