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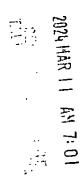
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☐ PICK-UP	☐ WAIT	MAIL
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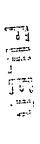
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COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: LEO GNEHH (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Leonor Gnehm (Name of Person)			
(Name of Person)			
(Firm/Company)			
190 Heming Way, 7			
(Address)			
Boynton Beach; Fl. 33426 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (561) 255-4154 (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: Street Address:			
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 32314 Tallahassee, FL 32303			

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is LEO GNEHM		
2.	The Articles of Organization were filed on and assigned		
	document number 1 22 000 22 32 44		
3.	(effective date the dissolution if not effective on the date of filing: 3/12-2022. (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).		
	N/A		
	<u></u> <u></u>		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
	Leonor Grehm		
	190 Heming Way Boynton		
	Bch. F/ 33426		
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:		
	Luigh Leonor Enchm		
	Signature Printed Name		
	FILING FEE: \$25.00		

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