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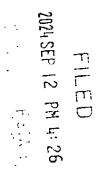
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE SEP 17 2024			

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ect: My Citie (Name of)	Paws, LCC. Limited Liability Company)						
The en	The enclosed Articles of Dissolution and fee(s) are submitted for filing.							
Please	return all correspondence concerning this matt	er to the following:						
		Nunez (Name of Person)						
	- My Cutto	Paws, LC (Firm Company)						
	1410 Marsh Meadow Ln							
	Davenport, FL 33896 (City/State and Zip Code)							
For fur	ther information concerning this matter, please	e call:						
	Jonathan Nunea	at (1407) 777 5978 (Area Code & Daytime Telephone Number)						
	d is a check for the following amount: S25.00 Filing Fee and Certificate of Dissolution	\$2. \$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

	ARTICLES OF DISSOLUTION	2
	FOR A LIMITED LIABILITY COMPANY	3034 St. 12 12 12 12 12 12 12 12 12 12 12 12 12
		10 ch
The name of a limited liab	oility company is	Programme Progra
MC	<u>Cutie Paws, LLC</u>	 ૾ૢ૾ૢ૾.ૻ૽ૺ૱
The Articles of Organizati	ion were filed on June 14, 2022 and ass	igned
document number <u>L</u> 2	2000271891	
feffecti Note: If the date inserted in	e the dissolution if not effective on the date of filing:	s received for filing) nts, this date will not be
A description of occurrent 605,0707, Florida Statutes	ce that resulted in the limited liability company's dissolution, (copy 605,0707 on back cover letter).	pursuant to section
	in operation. No further inc	ome nor dobt.
If there are no members, o	enter the name and address of the person appointed to wind up	p the company's
activities and affairs:	No other members.	
Signature of an authorized ove to wind up the compar	d person or if there are no members, the signature of the persony's activities and affairs:	on appointed and listed
//		
\mathcal{M}		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Linbility Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: My Cutie Paws, LLC
Document number of Limited Liability Company is: L22000271891
Date of dissolution was: $\frac{12/3 \pm (2023)}{}$
Description of information that must be included in a written claim:
No longer in operation. The further income nor that incurred. Reguest to properly dissolve company.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1410 Morsh Meadow Lone, Bovenport FL 33896
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jonathan Nunez
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: My Citie (Name of Li	Paws, LCC.			
The enclosed Articles of Dissolution and fee(s) are sub-				
Please return all correspondence concerning this matter	r to the following:			
Jonathan	Nunez Name of Person)			
My Cutia	Paus LC (Firm Company)			
1410 Mar	sh Meadow Ln (Address)			
Davenport	FL 33896 State and Zip Code)			
For further information concerning this matter, please of	eall:			
Jonathan Nunez	at I 107) 717 5978 (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: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is			4	
My	Cutie I-	aws, LLC			% /2 % 0
2. The Articles of Organization	on were filed on _	June 14,20	1 2.2 ai	nd assigned	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
document number <u>L</u> 2	20002718	91			113
3. The delayed effective date feffective Note: If the date inserted in listed as the document's effe	e date cannot be prior this block does not	r to or more than 90 days meet the applicable st	later than date docu atutory filing requ	ment is received for direments, this date	r filing) e will not be
 A description of occurrene 605,0707, Florida Statutes, 	e that resulted in t (copy 605,0707 o	the limited liability con back cover letter).	ompany's dissol	ution pursuant to	o section
No longer	in opera	ation. No	further	income r	wir de bt.
		<u></u>			
5. If there are no members, er	nter the name and	address of the perso	n appointed to w	ind up the comp	pany's
activities and affairs:	No 01	her membe	rs		 •
		··			
 Signature of an authorized above to wind up the company 	person or if there y's activities and :	are no members, the	signature of the	: person appointe	ed and listed
11/					
M/\sum_ Signature			Jonatha Printed No	n Nunez	
4 Signature			i i micu iva	HIL	

FILING FEE: \$25.00