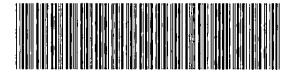
# L23000322083

(Requestor's Name)
(,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/31/23

NAME: LET'S ZELL LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

	tration Section ion of Corporations	
ESUBJECT:	.et's Zell LLC	
SUBJECT: _	(Name of Limit	ed Liability Company)
The enclosed A	Articles of Dissolution and fee(s) are submit	ted for filing.
Please return a	Il correspondence concerning this matter to	the following:
	Anibal Manzano	
	(Nar	ne of Person)
	Manzano Law PLLC	
	(Fir	m/Company)
	1900 Glades Road. Ste 500	
		Address)
	Boca Raton, FL 33431	
	(City/St	ate and Zip Code)
For further inf	ormation concerning this matter, please call	:
Anibal Manzano		at ( ) 440-8242
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	neck 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)
	ing Address:	Street Address:
Registration Section Division of Corporations		Registration Section 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

FILED

2023 JAN 31 AM 9: 06

1.	The name of a limited liability company is	2332 C.M. O
	Let's Zell LLC	SEUKET. TO DE STATE ———————————————————————————————————
2.	The Articles of Organization were filed on July 20, 2	022 and assigned
	document number <u>1.22000322683</u>	_
3.	The delayed effective date the dissolution if not effective date cannot be prior to or mor Note: If the date inserted in this block does not meet the listed as the document's effective date on the Departmen	re than 90 days later than date document is received for filing) rapplicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the limite 605.0707. Florida Statutes, (copy 605.0707 on back c	ed liability company's dissolution pursuant to section cover letter).
	Consent of all of the members of the limited liability comp	pany pursuant to section 605.0701(2) of the Florida
	Statutes.	
5.	If there are no members, enter the name and address activities and affairs:	of the person appointed to wind up the company's
6. ab	Signature of an authorized person or if there are no nove to wind up the company's activities and affairs:	nembers, the signature of the person appointed and listed
	DocuSigned by:  0515DF5677E3454	Jessica Maria Janna Saich, Authorized Member
	Signature	Printed Name

FILING FEE: \$25.00