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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone Fax Number : (407)932-0048 : (407)520-5473

LLC DISSOLUTION OR WITHDRAWAL ARMUR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

Division of	n Section Corporations	
SUBJECT:	Armur LLC	
	(Name of Limite	d Liability Company)
The enclosed Article	es of Dissolution and fee(s) are submitte	ed for filing.
Please return all corr	respondence concerning this matter to t	he following:
	Arrosto Mi	UNOZ e of Person)
Firm/Company)		
	1538 Angler f	WC Address
	KISSIMMEE F	L , 34746 e and Zip Code)
For further informati	ion concerning this matter, please call:	
Ar	(Name of Person)	at (407) 8730783 (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:	
🗀 \$25.00 Filing	g Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	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 name of a limited liability company is
Armur LLC
The Articles of Organization were filed on <u>OB/02/2022</u> and assigned document number <u>L22000339453</u>
document number LX2000551455
The delayed effective date the dissolution if not effective on the date of filing: D4 03 2023 (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.
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).
Inactive
If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature of an authorized person or if there are no members, the signature of the person appointed and liste ove to wind up the company's activities and affairs:
who who up the company's activities and attairs:
Observed Illerial I
Signature Printed Name