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(Requesto	or's Name)
(Address)	1
(Address)	
(,	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer
Special instructions to Filling (Onice).
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	COSTELLO AMUSEMENTS LLC						
3000	ited Liability Company)						
	nclosed Articles of Dissolution and fee(s) are submi						
Please	return all correspondence concerning this matter to	o the following:					
	MICHAEL COSTELLO						
	(Na	ame of Person)					
	COSTELLO AMUSEMENTS LLC						
	(Firm/Company)						
	133 HIBISCUS CT						
	(Address)						
	ORLANDO, FL 32801 (City/S	itate and Zip Code)					
For fu	rther information concerning this matter, please ca						
	MICHAEL COSTELLO	724 355-8730 at ()					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
ānclos	sed 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 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

3. The delayed Note: If the	effee) e date inserted	ite the dissortive date can in this block	olution if not not be prior to k does not me	t effective on t or more than 90 c	ays later that e statutory f	i date document is	received for filing) ts. this date will no
4. A descriptio 605.0707, FI	on of occurred lorida Statute	nce that res	sulted in the 05.0707 on t	limited liabilit back cover lette	y company er).	y's dissolution p	pursuant to section
						2024	
						s eve	
5. If there are activities an		enter the r	name and ad	dress of the pe	rson appoi	nted to wind up	o the company's
 Signature of above to wind 	f an authorize up the compa	ed person c any's activ	or if there ar	airs:		ure of the perso	on appointed and
mul 1	(1) [النصحة			MICH		rinted Name	SECRETAL TALLAR

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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 Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:COSTELLO AMUSEMEN	TS LLC
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a written c	iam:
THE BUSINESS KNOWN AS COSTELLO AMUSEMENTS LLC	HAS NOT OPERATED AT ALL.
IN 2023 OR 2024 AND HAS COLLECTED NO FUNDS OR CUNI	DUCTED BUSINESS
Mailing address where claims can be sent: (Claims cannot be s	ent to the Division of Corporations)
	202 SEC TA
A claim against the above named limited liability company wi claim is commenced within 4 years after the filing of this notic	I be barred unless a proceeding to enforce the e.
COSTELLO AMUSEMENTS LLC	Mand (selles FA ?

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

Signature of the Person Filing

Printed Name of the Person Filing