L22 000 445 540

(Re	equestor's Name)	
(Ad	ldress)	
(Ād	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



900427731779

04/24/24--01014--021 **25.00



COVER LETTER

TO:

	ration Section on of Corporations	
SUBJECT:	Beyond Andro (Name of Limi	meda LLC ted Liability Company)
	rticles of Dissolution and fee(s) are submi	
	Danil Trus	•
	1806 Voorhies	
	Brooklyn NY (CitySt	112 3 5 ate and Zip Code)
For further infor	rmation concerning this matter, please call	
	(Name of Person)	at (<u>857</u>) <u>4980502</u> (Area Code & Daytime Telephone Number)
	ck for the following amount: Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, 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

	name of a limited liabilit Beyond A		LLC				
	Articles of Organization				ed		
doci	ment number <u>L 22</u>	00044539	<u>o</u>				
Not	delayed effective date the feffective date: If the date inserted in the ed as the document's effecti	is block does not meet the	applicable statutory	f filing: 4/10/ an date document is reconfiling requirements,	202 eived for this date	7 ilmg) will no	ot be
4. A do 605.0	escription of occurrence t 0707, Florida Statutes. (co L &	hat resulted in the limite opy 605.0707 on back co	ed liability compar over letter). To L'+ab	ny's dissolution pur	suant to	sectio	m
		7	V	7	<u> </u>	24	
					TANKS N	APR 24	7
	ere are no members, ente	r the name and address	of the person appo	ointed to wind up th		14% 14% 14%	
acuv	cities and affairs:				<u></u>		
						 -	
ó. Sign ibove t	nature of an authorized pe o wind up the company's	rson or if there are no m activities and affairs:	nembers, the signa	ture of the person a	ppointed	 l and l	listec
De	2n:/ Vnorme		Danil	Trosman			
	Signature		- 1	Printed Name			

FILING FEE: \$25.00