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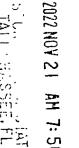
(Requestor's Name)					
(Address)					
(Add	lress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

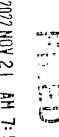
Office Use Only



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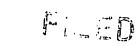
COVER LETTER

Registration Section Division of Corporations

	ames Corcoran Lic						
SUBJECT: (Name of Limited Liability Company)							
The enclosed A	Articles of Dissolution and fee(s) are submit	tted for fifing					
Please return al	Il correspondence concerning this matter to	the following:					
	lames Corcoran						
	(Name of Person)						
	(Firm/Company)						
	3311 Papaya Rd						
	(Address)						
	Venice, Fl. 34293						
	(City/State and Zip Code)						
8 6 4	manufacture of the state of the						
For further into	ormation concerning this matter, please call	:					
James Corcoran		at (
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Unclosed is a cho	eck 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 Division of Corporations		Registration Section					
P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
	hassee, FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



Ι.	The name of a limited liabili	ty company is		2022 NOV 21 AM 7:50			
	James Corcorar. LLC						
2.	The Articles of Organization	were filed on Octob	er 19,2022	TALL / HASSEE, FL and assigned			
	document number L2200044	9721					
3.	(affective Note: If the date inserted in the	the delayed effective date the dissolution if not effective on the date of filing: November 17, 2020 (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 isted as the document's effective date on the Department of State's records.					
۲.	A description of occurrence 605.0707. Florida Statutes, (that resulted in the liteopy 605.0707 on bac	mited liability company's ck cover letter).	dissolution pursuant to section			
	Poor health						
3.	If there are no members, ent activities and affairs:	er the name and addr Nancy Corcoran	ess of the person appointe	ed to wind up the company's			
		3311 Papaya Rd Ve	nice F1. 34293				
6. ab	Signature of an authorized pove to wind up the company	erson or if there are r s activities and affair	no members, the signatures:	of the person appointed and listed			
Nancy Corcoran Signature		ran	Nancy Corcoran				
Signature		Prin	ted Name				

FILING FEE: \$25.00