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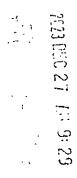
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COVER LETTER *

TO: Registration Section Division of Corporations	
SUBJECT: Min the Traveli	na Pit ILC
(Name of Lim	ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Joshua Bes	une of Person)
(F)	m/Company)
1122 Enclave Ct. Auburndale, FZ 3	
	(Address)
Auburndale, FZ 3	3&3
(City/S	tate and Zip Code)
For further information concerning this matter, please cal	i:
Joshu Best (Name of Person)	at (<u>\$13</u>) <u>373 - 382 \$</u> (Area Code & Daytime Telephone Number)
Enclosed is a gheck 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: Registration Section Division of Corporations	Street Address: 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

1. The name of a limited lia	bility company is			
Mica the	Traveling Pit W	C		
, , , , , , , , , , , , , , , , , , , ,	2 2 1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2			 '
2. The Articles of Organizat	tion were filed on 10/	21/2032	and assigned	I
document number	2 <i>000454341</i>	_		
3. The delayed effective dat (effect Note: If the date inserted listed as the document's effective data.	te the dissolution if not effective date cannot be prior to or me in this block does not meet the fective date on the Departme	ie applicable statutory fi	iling: <u>12/16/30</u> date document is receiviling requirements, th	ved for filing) is date will not be
	s, (copy 605.0707 on back	cover letter).	-	
ad	Hive.			<u></u>
·				
				7023 1
5. If there are no members,	enter the name and address	s of the person appoin	ited to wind up the	company's
activities and affairs:	_ Jobhua Be	<u>vit</u>		
				(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
		· · · · · · · · · · · · · · · · · · ·		<u> </u>
				29
				<u> </u>
6. Signature of an authorized above to wind up the compar	d person or if there are no ny's activities and affairs:	members, the signatu	re of the person app	pointed and listed
, 1				
Y//	1	Jack	Rock	
Signature		Pri	inted Name	

FILING FEE: \$25.00