L23000 ZH3303

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Name)			
(Doc	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to F	iling Officer:			





100420516481

12/22/23--01017--011 **25.00

2023 DEC 22 PH 2: 56 SECREJARY LESTATE TAILLAHASSEE, FL

COVER LETTER

SUBJECT: A27 DOSIGN STUDIO LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Heather Zuperer		
AZZ DESIGN STUDIO LLC		
1344 Brakside OR	. ~.	
Ve NICity/State and Zip Code)	2023 DEC 22 SECRETAR STALL AH	
For further information concerning this matter, please call: HEATHER ZUPPERE at (941), 294-527 (Name of Person) (Area Code & Daytime Telephone Number)	PH 2: 5 ASSEE, H	

Enclosed is a check for the following amount:

\$25,00 Filing Fee and Certificate of Dissolution

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabi	lity company is			·	
2. The Articles of Organizatio	ı	123	and assigned		
document number <u>L23</u>	000243303		1 10	0	
Note: If the date inserted in	the dissolution if not effecti e date cannot be prior to or more to this block does not meet the ap- ctive date on the Department of	han 90 days later than date oplicable statutory filing	document is received.	for filing) late will not be	;
4. A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited (copy 605.0707 on back co	liability company's d ver letter).	issolution pursuan	t to section	
to remain E	fficient an	d cover	operati	ng	
expenses.			· 		
			ر ج	2017	
If there are no members, en activities and affairs:	ter the name and address of	the person appointed	to wind up the cor	mpan C	्राच्या तुः । शहरू भ
	1344 Brook	side Dr	27. (2)	27 <u>29</u> 27 <u>29</u>	,
	VENICE, FC	34285	होते. - स	<u>교</u> 교 경	*1
				<u></u>	
Signature of an authorized above to wind up the company	person or if there are no me 's activities and affairs:	mbers, the signature o	of the person appoi	nted and liste	ed.
wwp		Heather Zi	pperer		
Signature		Printe	d Name		

FILING FEE: \$25.00