L73 600371893

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

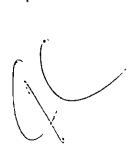
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12/23/25-+01015-+010 ++25.00

2023 DEC 27 / //110: 5



COVER LETTER

Division of Corporations		
Sulibrave LLC		
SUBJECT: (Name of Limit	ed Liability Company)	_
	1.0 GU	
The enclosed Articles of Dissolution and fee(s) are submit		
Please return all correspondence concerning this matter to	the following:	
Neil K Braverman		
(Nan	ne of Person)	
Sulibrave LLC		
(Fin	n/Company)	
4454 Wayside Drive		2023 DEC 27
. (Address)	DEC
Naples FL, 34119		27
(City/Sta	ate and Zip Code)	:::
For further information concerning this matter, please call:	:	∰ I0: 5
Neil Braverman	239 821-5454	-
(Name of Person)	at ()	_
(Name of Follow)	, and the same of	
Enclosed 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 Division of Corporations	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 liability company is	5
Sulibrave, LLC	,
The Articles of Organization were filed or document number L23000321893	n July 7th, 2023 and assigned
	if not effective on the date of filing: 12/28/2023 rior to or more than 90 days later than date document is received for filing) not meet the applicable statutory filing requirements, this date will not be Department of State's records.
605.0707, Florida Statutes, (copy 605.070)	
The entity is no longer active due to the purcha	ase of a boat not being completed.
	2028
	1028 DEC 27
	7
5. If there are no members, enter the name ar activities and affairs:	nd address of the person appointed to wind up the company's
6. Signature of an authorized person or if the above to wind up the company's activities an	ere are no members, the signature of the person appointed and listed ad affairs:
Docusigned by: Neil Braverman	Neil K Braverman
Signature	Printed Name

FILING FEE: \$25.00