## L23000336846

(Requestor's Name)
(Address)
(Address)
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(6) (6) (7) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Name)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

Liability Company)
d for filing.
e following:
of Person)
Company)
(dress)
and Zip Code)
at ( 750 ) 534 0355 (Area Code & Daytime Telephone Number)
☐ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
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

1.	The name of a limited liability company is
	Humble Viloes Lice
2.	The Articles of Organization were filed on
	document number <u>LABONASYCHO</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	niembers can not coree on
	Musiness operating decisions
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Clunda Poishop
6. abg	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Mixel Davis
	Signature Printed Name
V	FILING FEE: \$25.00