L23000473938

(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: J. HORNE			
FEB - 5 2024			





900421493039

01/12/24--01019--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
Fancastix, LLC SUBJECT:					
(Name of Limite	d Liability Compa	any)			
The enclosed Articles of Dissolution and fee(s) are submitted of Please return all correspondence concerning this matter to the submitted of t	_				
Gregory West, Registered Agent					
(Name of Person)					
(Firm/Company)					
1515 NE 26th Street, Suite 135					
(Address)					
Wilton Manors, FL 33305					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Gregory West	954 at (6951205			
(Name of Person)	(Area C	Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:					
■ \$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)			
Mailing Address: Registration Section	Street Addres Registration				
Division of Corporations P.O. Box 6327	Division of	Corporations of Tallahassee			
Tallahassee, FL 32314		onroe Street, Suite 810			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

L	The name of a limited liability company is	
	Fancastix, LLC	
2.	The Articles of Organization were filed on 10/1	6/2023 and assigned
	document number L23000473938	
3.	The delayed effective date the dissolution if not (effective date cannot be prior to e Note: If the date inserted in this block does not mee listed as the document's effective date on the Depart	or more than 90 days later than date document is received for filing) et the applicable statutory filing requirements, this date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on ba	imited liability company's dissolution pursuant to section ack cover letter).
	Consent by all Members to Dissolve.	
5.	If there are no members, enter the name and add activities and affairs:	ress of the person appointed to wind up the company's
		
6. ab	Signature of an authorized person or if there are ove to wind up the company's activities and affa	no members, the signature of the person appointed and listed irs:
	DocuSigned by:	
	Grigory West	Gregory West Printed Name
	Signature	FINICU NAME

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Fancastix, LLC	
Document number of Limited Liability Company is:	00473938
Date of dissolution was:	
Description of information that must be included in a writ	ten claim:
Name and contact information of all person(s) and/or enti	ty(ies) making the claim; the date(s) the claim are
all supporting documentation, if any; and the amount of the	ne claim.
	
Mailing address where claims can be sent: (Claims canno	t be sent to the Division of Corporations)
Gregory West, as Registered Agent of Cumdump	, LLC
1515 NE 26th Street, Suite 135	
Wilton Manors, Florida 33305	
A claim against the above named limited liability compan claim is commenced within 4 years after the filing of this	
	DocuSigned by:
Gregory West	Gregory West
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00