L23000 483105

(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:
,
1, 40p.
TUE THE
AUG HORNE
~~ y

Office Use Only



100433814651

07/30/24--01010--023 **25.00

2025 UC (O TT 3: 02

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	CRAIG FRAZIER LLC				
		mited Liability Compa	any)		
The enc	closed Articles of Dissolution and fee(s) are sub-	nitted for filing.			
Please r	return all correspondence concerning this matter	to the following:			
	CRAIG FRAZIER				
	G	Name of Person)	· · · · · · · · · · · · · · · · · · ·		
	CRAIG FRAZIER LLC				
	(Firm/Company) 2541 NW 11TH ST (Address)				
	POMPANO BEACH FL 33069				
	(City)	State and Zip Code)			
For furt	her information concerning this matter, please c	all:			
	CRAID FRAZIER	754 at (268-5523		
	(Name of Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed	l 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 Addres			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	The Centre	of Tallahassee		
	Tallahassee, FL 32314	2415 N. Mo Tallahassee	onroe Street, Suite 810		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ARTICLES OF DISSOLUTION	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}$
FOR A LIMITED LIABILITY COMPANY	70
The name of a limited liability company is CRAIG FRAZIER LLC	2004 julio 10 10 10 10 10 10 10 10 10 10 10 10 10
The Articles of Organization were filed on 10/23/2023	_ and assigned
document number L23000483105	
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 Note: If the date inserted in this block does not meet the applicable statutory filing listed as the document's effective date on the Department of State's records.	08/01/2024 document is received for tiling) requirements, this date will not be
A description of occurrence that resulted in the limited liability company's di 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). BUSINESS HAS NOT BEEN USED	ssolution pursuant to section
If there are no members, enter the name and address of the person appointed activities and affairs:	
maximist on and afficient	
maximist on and afficient	
Signature of an authorized person or if there are no members, the signature of	
If there are no members, enter the name and address of the person appointed activities and affairs: Signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of an authorized person or if there are no members, the signature of a signature	

FILING FEE: \$25.00