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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 09 S. PRATHER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: WINSOME BRISSETT 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:		
VITALEDINE P	Q T COETT	
NINSOME BRISSETT (Name of Person)		
WINSOME BRISSETT LLC		
(Firm/Company)		
The state of the s		
7427 Radiant Circle		
(Au	uros)	
Drange II 32810		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
WINSOME BRISSETT 954 702-4228		
(Name of Person)	(Area Code & Daytime Telephone Number)	
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	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	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 liabil	BRISSETT LLC
	n were filed on 01-26-2024 and assigned
document number _ _ 2	4000048916
(effective Note: If the date inserted in t	the dissolution if not effective on the date of filing: \(\subseteq \subseteq \subseteq \) the date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be trive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes. (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
contract for	I. Has not gotten any work or this business. EIN 99-1241335.
5. If there are no members, ent activities and affairs:	ter the name and address of the person appointed to wind up the company's BRISSETT
6. Signature of an authorized pabove to wind up the company	person or if there are no members, the signature of the person appointed and listed s activities and affairs:
Signature	WINSOME BRISSETT
	FILING FEE: \$25.00