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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A - 5TEAK (Name of Limited	CLCCiability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	J for filing.	
Please return all correspondence concerning this matter to th	e following:	
John Kuph	of Person)	- 3. 20.
A-Steat		
656 NW	Stanford Lune	. (
Port Saint L	Stanford Lune Judiessi, Judie, FL 34983	·.
(City/State	and Zip Code)	_
For further information concerning this matter, please call:		- ,
John Klupka Jr. (Namd of Person)	at ()(Area Code & Daytime Telephone Num	aber)
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 enclose	
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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. TI	he name of a limited liability company is $A - STEAK, LLC.$
2. TI	he Articles of Organization were filed on $3-5-24$ and assigned
de	Deument number <u>L24000112415</u>
	he 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 isted as the document's effective date on the Department of State's records.
4. A 60	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 15.0707, Florida Statutes, (copy 605.0707 on back cover letter).
_	Should not have been done.
_	202
5. If	there are no members, enter the name and address of the person appointed to wind up the company's
ac	Tokniklupka Tr
	Johnsklupka Tr 656 NW Stanford Lane Port Saint Lucie, FL 34983
	Port Saint Lucie, FL 34983
6. S abov	fignature of an authorized person or if there are no members, the signature of the person appointed and liste we to wind up the company's activities and affairs:
Oo	Inw. Blephafr. John W. Klopka Tr
7	Signature Printed Name FILING FEE: \$25.00