## L24000185093

(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.			





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12/18/24--01018--028 \*\*25.00

2024 DEC 16 PH 1: 35



## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LATHUR DA DOM (Name of Limite	d Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Darciest	tanbury		
(Name of Person)			
Lather By Davie			
(Firm/Company)			
119 Grunien Lane			
St. Augustine FU 32092 (City/State and Zip Gode)			
For further information concerning this matter, please call:			
David Stanberry (Name of Person)	at (\$\frac{\mathcal{H}}{20}\) 315 4929 (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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED LIABILITY COMPANY	و سام
Ι.	The name of a limited liability company is  LATHUR DY DUCK UC	2024 DEC 16 PM 1: 35
2.	The Articles of Organization were filed on 4-19-2024	TAND assigned STATE
	document number <u>L24000185093</u>	
3.	The delayed effective date the dissolution if not effective on the date of fil (effective date cannot be prior to or more than 90 days later than d Note: If the date inserted in this bit is as not meet the applicable statutory fill 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 605.0707. Florida Statutes, (copy 605.0707 on back cover letter).	dissolution pursuant to section
		<del></del>
5.	If there are no members, enter the name and address of the person appoints activities and affairs:	ed to wind up the company's
	119 Greeniew Lan	)
	St Augustine FL 3200	12
		<del></del>
6. ab	Signature of an authorized person or if there are no members, the signature ove to wind up the company's activities and affairs:	e of the person appointed and listed
	Davie	Hankerry
	Signature Prin	ited Name

FILING FEE: \$25.00