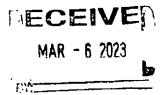
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

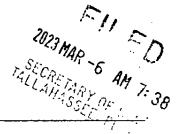
TO: Registration Section Division of Corporations			
SUBJECT: ANKIE INC			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ANKE M. READ	of Person)		
1 11/11 1 1 1 1 1			
ANKIE INC (Firm/Company)			
(гиписопраку)			
3084 PLAZA TERRACE DRIVE (Address)			
ORLANDO FL 32803 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ANKE M. READ-SEGERKO	Sat (407) 257 68 33 (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

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is ANKIE TUC ANGERRA AN		
	The name of a limited liability company is ANKIE TUC.		
2.	The Articles of Organization were filed on $\frac{03/03/2000}{}$ and assigned		
	document number $P0000022093$		
3.	The delayed effective date the dissolution if not effective on the date of filing: DEC 31 2022 (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 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 dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).		
	RETIRED		
•			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: ANKE M. READ - SEGERIUS		
3004 PLAZA TERRACE DR			
	OR(ANDO, FC 32803		
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:		
	ANKE READ-SEGERIUS		
	Signature Printed Name FILING FEE: \$25.00		