

L14 0000 27778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

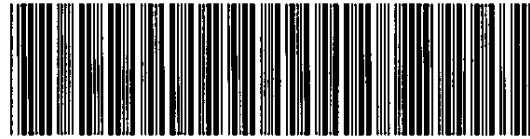
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262839263

08/08/14--01013--018 **25.00

FILED
AUG 14 2014
MICHIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Obsessive Cleaning Disorder, 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:

Angievelle Pereyra
(Name of Person)

Obsessive Cleaning Disorder, LLC.
(Firm/Company)

820 S. Park Road, Apt. 3-210
(Address)

Hollywood, FL. 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Angievelle Pereyra at 305 360-9591
(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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Obsessive Cleaning Disorder, LLC.

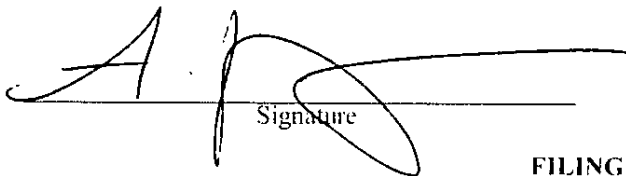
2. The Articles of Organization were filed on 02/18/2014 and assigned
document number L14000027338

3. 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 document is received for filing)

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).
No specific occurrence. I just no longer wish to conduct my business as a Limited
Liability Company. I am a small company, with minimal income and I believe a sole
proprietorship is a better option.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Angievelle Pereyra
820 S Park Road., Apt. 3-210
Hollywood, FL. 33021

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Angievelle Pereyra
Printed Name

FILING FEE: \$25.00