

L19000161646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

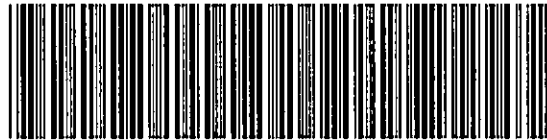
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000365433790

RECEIVED  
MAY 03 2021

05/04/21--01038--021 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY -3 PM 12:07

MAY 18 2021

R. HUNT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULL CIRCLE BY ENEM

\_\_\_\_\_  
(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:

Natalia Martinez

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

12088 SW 251 TERR

\_\_\_\_\_  
(Address)

Homestead, FL 33032

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Natalia Martinez

786

386-8083

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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 Address:**

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. The name of a limited liability company is  
Full Circle by Enem, LLC \_\_\_\_\_

2. The Articles of Organization were filed on 06/19/2019 and assigned  
document number L19000161646

3. The delayed effective date the dissolution if not effective on the date of filing: 07/01/2019  
(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).

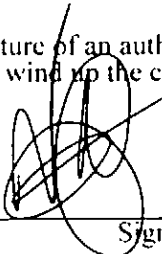
Failed to produce enough revenue to withstand COVID-19  
\_\_\_\_\_

Failed to produce enough revenue to withstand COVID-19  
\_\_\_\_\_

Failed to produce enough revenue to withstand COVID-19  
\_\_\_\_\_

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Natalia Martinez  
\_\_\_\_\_  
\_\_\_\_\_

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

Natalia Martinez

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 MAY -3 PM 12:07