

L20000205262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

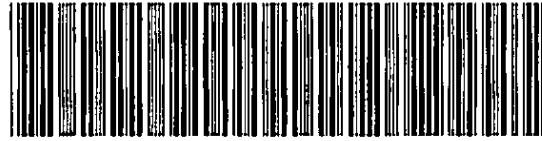
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 22 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&J HURRICANE SHUTTERS, 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:

MIRNA A. ZURITA

(Name of Person)

A&J HURRICANE SHUTTERS, LLC

(Firm/Company)

7970 SAW PALMETTO LANE

(Address)

BOYNTON BEACH, FL. 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

MIRNA A. ZURITA

(Name of Person)

631 578-0634

at ()

(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 **FILED**

2021 NOV 22 AM 7:04

1. The name of a limited liability company is _____
A&J HURRICANE SHUTTERS, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on _____ JULY 15, 2020 _____ and assigned
document number _____ L20000205262 _____

3. The delayed effective date the dissolution if not effective on the date of filing: _____ SEPT. 30, 2021 _____
(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).
_____ THE COMPANY NEVER CONDUCTED OR OPERATED ANY BUSINESS. _____

_____ AND BY VOLUNTARY RESOLUTION OF THE MEMBERS, THE DISSOLUTION OF THE _____
_____ COMPANY IS AGREED. _____

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

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:

Mirna A. Zurita
Signature

MIRNA A. ZURITA
Printed Name

FILING FEE: \$25.00