L23000294278

(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 Officery. HORNE				
NOV - 7 20.				

Office Use Only



500417787005

10/27/23--01023--014

23 CCT 27 KH 3: 3

COVER LETTER

	iration Section ion of Corporations			
CHARCE	OSMANY SOLUTIONS, LLC			
SUBJECT:(Name of Limited Liability Company)				
The enclosed A	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return a	ll correspondence concerning this matter to	the following:		
	OSMANY SUAREZ HERNANDEZ			
	(Na	me of Person)		
	(Fir	nn/Coinpany)		
	12091 LUXEMBOURG COURT			
		(Address)		
	SPRING HILL, FL 34609			
	(City/St	ate and Zip Code)		
For further inf	ormation concerning this matter, please call	t:		
OSMANY SUAREZ HERNANDEZ		813 499-4967 at ()		
-	(Name of Person)	at () (Area Code & Daytime Telephone Number)		
Enclosed is a ch	eck 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)		
	ing Address:	Street Address:		
	istration Section sion of Corporations	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

•		ر ² ء .	
	ARTICLES OF DISSOLUTION FOR	2300.27	
	A LIMITED LIABILITY COMPANY		
OSMANY SOLUTIONS, L	• • •		
2. The Articles of Organizati	ion were filed on 06/19/2023	and assigned	
document number L23000	294278		
3. The delayed effective date (effecti Note: If the date inserted in	e the dissolution if not effective on the date of five date cannot be prior to or more than 90 days later than an this block does not meet the applicable statutory filective date on the Department of State's records.	ling: 10/23/2023 date document is received for filing) ling requirements, this date will not be	
605.0707, Florida Statutes	ce that resulted in the limited liability company's, (copy 605.0707 on back cover letter).		
This was a painting business	and I will no longer be doing this type of work. I wi	Il be opening a new business	
in a different industry.			
If there are no members, e activities and affairs:	enter the name and address of the person appoint	ted to wind up the company's	
	12091 LUXEMBOURG COURTSPRING HILL, FL 34609		
5. Signature of an authorized above to wind up the compan	person or if there are no members, the signatur y's activities and affairs:	e of the person appointed and liste	
THE STATE OF THE S	OSMANY SUAREZ	HERNANDEZ	
Signature	Pri	nted Name	

FILING FEE: \$25.00