

L/2000/26793

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

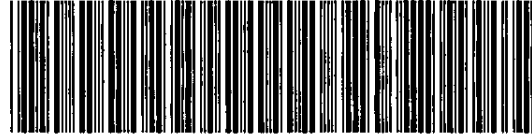
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2016 JAN 21 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 25

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** "EMS" EMERGENCY MAINTENANCE SOLUTIONS 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:

**EDINSON MERA**

(Name of Person)

**"EMS" EMERGENCY MAINTENANCE SOLUTIONS LLC**

(Firm/Company)

**6724 GILDA DR**

(Address)

**TAMPA FL 33625**

(City/State and Zip Code)

For further information concerning this matter, please call:

**EDINSON MERA**

(Name of Person)

at **813 5450216**

(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**

**FILED**  
2016 JAN 21 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
"EMS" EMERGENCY MAINTENANCE SOLUTIONS, LLC
2. The Articles of Organization were filed on 10/04/2012 and assigned  
document number L12000126793
3. The delayed effective date the dissolution if not effective on the date of filing: 01/18/2016  
(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).  
NO MORE IN BUSINESS

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:

Ederon Mera

Signature

EDINSON MERA

Printed Name

**FILING FEE: \$25.00**

