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1:37 2665 MAR 29 , STATE FLORIDA SECRETARY NLLAHASSE (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:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RETURN ADDRESS



Mr. Carlos Lopez 5561 SW 30th Ave. Ocula, JL 34474

TEL # 352 861-8013

ARTICLES OF DISSOLUTION FOR FILED A FLORIDA LIMITED LIABILITY COMPANY

Z005 MAR 29 ₱ 1: 37
1. The name of the limited liability company is <u>CARLOS MANUEL LOPEZ BUBLISE</u> TALLAHASSEE. FLORIDA PRO FESSIONAL LIMITED COMPANY
PROFESSIONAL LIMITED COMPANY
2. The effective date of the limited liability company's dissolution is
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
UPON THE WNITTEN CONSENT OF All OF THE MEMBERS OF THE UNITED LIABILITY WIMPANY
the MEMBERS OF the UMITED
LIABILITY COMPANY.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. 5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 6. CHECK ONE: There are no suits pending against the company in any courtOR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit. Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name
CARLOS LOPEZ
CAROS COILE

Filing Fee: \$25.00