

LD7000029L36

(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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APR 30 2009

EXAMINER



800152331768

800152331768
04/28/09--01052--013 **25.00

FILED
SECRETARY OF
DIVISION OF CONSUMERS
09 APR 28 AM 11:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Office Services, 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:

Olivia Gutierrez

(Name of Person)

Complete Office Services, LLC

(Firm/Company)

1443 Waterway Cove Drive

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Olivia Gutierrez

(Name of Person)

at (561) 324-0003

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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
SECRETARY OF
DIVISION OF CORPORATIONS

09 APR 28 AM 11:59

1. The name of a limited liability company is
Complete Office Services, LLC

2. The Articles of Organization were filed on 03/19/2007 and assigned document number
L07000029636

3. The date the dissolution was approved: 4/21/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

I am unable to find customers to keep my business going and therefore I have no income coming in to the business.

I am also attending school as a full time student.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

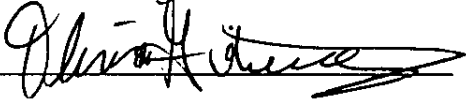
☒ There are no suits pending against the company in any court.

-OR-

☐ 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



Printed Name

Olivia Gutierrez

FILING FEE: \$25.00