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(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
(only-out-oilly)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
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DIVISION OF CORPORATION

T. HAMPTON

MAR 3 0 2010

EXAMINER

COVER LETTER

	ration Section on of Corporations	t	
SUBJECT: C	lean Reflections Service	s LLC	
	(Name of Lin	nited Liability Company)	
	rticles of Dissolution and fee(s) are subr	_	
rase return an	Heather Szasz	to the ronowing.	
		Name of Person)	-
	(I	Firm/Company)	
	2020 Hidden Dale Cour	<u> </u>	_
	12	(Address)	
	Kissimmee Florida 3474	11 State and Zip Code)	_
For further info	rmation concerning this matter, please ca	all:	
Hea	ther Szasz	at (407) 922 0285	
	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)
Enclosed is a che	ck for the following amount:		
\$25.00 Filing F	Fee 30.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	
	MAILING ADDRESS:	STREET/COURIER ADI	ORESS:
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 MAR 29 PM 3: 20

1 liability company's dissolution pursuant to section er letter).
l liability company's dissolution pursuant to section
l liability company's dissolution pursuant to section
ited liability company have been paid or discharged.
ots, obligations and liabilities pursuant to s. 608.4421.
ed among its members in accordance with their respective
ny in any court.
isfaction of any judgment, order or decree which may be
embership interests necessary to approve the dissolution
Printed Name
Heather Szasz
Ronnie F Szasz
1