

LD8000077693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

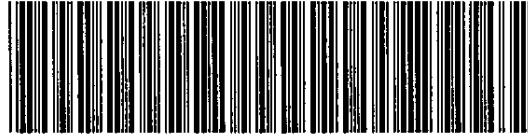
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/15--01003--018 **25.00

FILED
15 MAR 11 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimum Security, 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:

Luis Cortes
(Name of Person)

(Firm/Company)

4382 Raywood Ash Ct.
(Address)

Oviedo FL 32766
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Cortes at (407) 443-6099
(Name of Person) (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

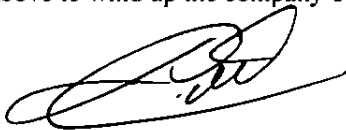
1. The name of a limited liability company is
Optimum Security, LLC
2. The Articles of Organization were filed on 08/13/2008 and assigned
document number L08000077693
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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 longer 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:

Luis Cortes
4382 Raywood Ash Ct.
Oviedo FL 32766

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:



Signature

Luis Cortes

Printed Name

FILING FEE: \$25.00

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