1040000 8010

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300259797063

05/05/14--01005--002 **25.00



J. SHIVERS MAY 0 9 2814

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Smart Clean (LC
(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:
Sondra Dee Harrison-Smart
Omgr Clean (C) (Firm/Company)
1112 Deer Lake Cir- (Address)
A pepka FL 32712 (City/State and Zip Code)
For further information concerning this matter, please call:
Sondra HAMSan - Smartai (407) 6590120 X115 (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: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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	y company is
<u>Omarklean</u>	L(C
2. The Articles of Organization	were filed on 12309 and assigned
document number <u>LO</u>	700000 8070
3. The delayed effective date the (effective date)	e dissolution if not effective on the date of filing:ate cannot be prior to or more than 90 days later than date document is received for filing)
	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
No layer	in business
U	
	<u> </u>
5. If there are no members, enter	r the name and address of the person appointed to wind up the company's
activities and affairs:	
abtritios and arterio.	
•	ALS
<u> </u>	
(5)	TIT IN A STATE OF THE PARTY OF
b. Signature of an authorized pe listed above to wind up the copar	rson or if there are no members, the signature of the person appointed and sany's activities and affairs:
	mo pa sons
/	A Comment of the second of the
/ 1/ (//	In James

FILING FEE: \$25.00