L09000018829

(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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03/17/14--01037--008 **25.00

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2014 MAR 17 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREFERRED CLEANING CDM 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:

MELANIE REILLY
(Name of Person)

PREFERRED CLEANING CDM LLC
(Firm/Company)

9651 RIDGE RUNNER CT
(Address)

ESTERO FLORIDA 33928
(City/State and Zip Code)

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For further information concerning this matter, please call:

MELANIE REILLY at (239) 560 0628
(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
PREFERRED CLEANING CDM LLC

2. The Articles of Organization were filed on 2/23/09 and assigned document number L09000018829

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).

OWNER TO PURSUE OTHER INTERESTS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

MELANIE REILLY
9651 RIDGE RUNNER CT
ESTERO FLORIDA 33928

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:

Melanie Reilly
Signature

MELANIE REILLY
Printed Name

FILING FEE: $25.00

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TALLAHASSEE FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "**Notice of Limited Liability Company Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:_____

Document number of Limited Liability Company is:_____

Date of dissolution was: _____

Description of information that must be included in a written claim:

_____

_____

_____

_____

_____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

_____

_____

_____

_____

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

_____ _____

Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $25.00