L 11000036093

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| | <u></u> | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| (60 | isiness Entity Nami | e) | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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04/13/12--01014--028 **25.00

C. LEWIS APR 16 2019 EXAMINER

COVER LETTER

| | stration Section ion of Corporations | | |
|-------------------------|---|--|--|
| SUBJECT: | Statewide Restartions Se | ervices, LLC. | |
| | (Name of L | imited Liability Company) | |
| | | | |
| The enclosed A | Articles of Dissolution and fee(s) are sub | omitted for filing. | |
| Please return a | all correspondence concerning this matte | r to the following: | |
| | Jovanny Cruz | | |
| (Name of Person) | | | |
| | | | |
| (Firm/Company) | | | |
| | 6187 NW 167TH Stree | | |
| | | (Address) | |
| Miami FL 33015 | | | |
| | (City | y/State and Zip Code) | |
| For further info | formation concerning this matter, please | cali: | |
| And | dres Lastre | at (305 | 345-7829 |
| | (Name of Person) | | & Daytime Telephone Number) |
| Enclosed is a ch | eck for the following amount: | | |
| √ \$25.00 Filing | Fee 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is er | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILING ADDRESS: | ~ | T/COURIER ADDRESS: |
| / | Registration Section Division of Corporations | _ | tion Section of Corporations |
| ٧ | P.O. Box 6327 | Clifton I | Building |
| | Tallahassee, FL 32314 | 2661 Ex | ecutive Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

12 APR 13 PM 3: 49

| The name of a limited liability company is Statewide Restorations Services, LLC | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|--|
| 2. The Articles of Organization were filed on 03/25/2011 L11000036093 | and assigned document number |
| 3. The date the dissolution was approved: 04/04/2012 | * |
| 4. A description of occurrence that resulted in the limited liabi 608.441, Florida Statutes, (copy 608.441 on back cover lette Business closing | lity company's dissolution pursuant to section er). |
| | |
| All debts, obligations and liabilities of the limited line of the debts, obtained and interests. CHECK ONE: There are no suits pending against the company in a content of the debts and interests. | oligations and liabilities pursuant to s. 608.4421. ong its members in accordance with their respective |
| ignatures of the members having the same percentage of membe | rship interests necessary to approve the dissolution: Printed Name |
| Signature | Jovanny Cruz |
| | |
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FILING FEE: \$25.00