

L11000088340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

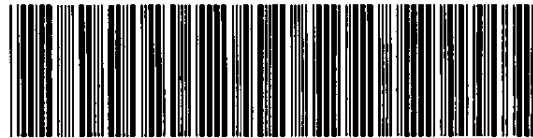
(Document Number)

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TALLAHASSEE, FLORIDA

1 March 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREE HORIONS INTITUTE FOR PROFESSIONAL TRAINING, 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:

DORYS PAREDES

(Name of Person)

FREE HORIZONS INSTITUTE FOR PROFESSIONAL TRAINING, LLC

(Firm/Company)

1021 MONKINGBIRD LN APT 104

(Address)

PLANTATION, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

DORYS PAREDES

(Name of Person)

at **786 222-6015**

(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

FREE HORIZONS INSTITUTE FOR PROFESSIONAL TRAINING, LLC

2. The Articles of Organization were filed on 08/02/2011 and assigned
document number L11000088340

3. The delayed effective date the dissolution if not effective on the date of filing: 02/12/2014

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).

UPON FILING THE ARTICLES OF DISOLUTION THE COMPANY SHALL
CEASE CONDUCTING BUSINESS.

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

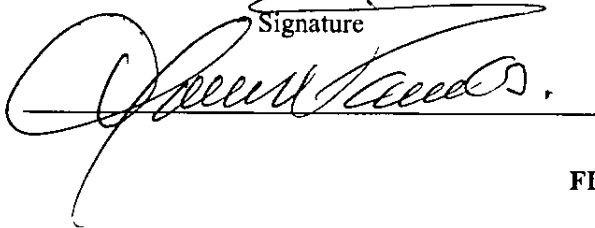
DORYS PAREDES

1021 MONKINGBIRD LN APT 104

PLANTATION, FL 33324

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



Printed Name

DORYS PAREDES

FILING FEE: \$25.00

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