

L11000109830

(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



100273799231

06/19/15--01005--011 \*\*25.00

FILED

2015 JUN 19 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 2015  
1 BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Casa Linda Services 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:

Carlos E Perez

(Name of Person)

Casa Linda Services LLC

(Firm/Company)

4900 NW 15th St #4486

(Address)

Margate/FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos E Perez

(Name of Person)

at ( 954 ) 336-9456  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 19 A 11: 01

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Casa Linda Services LLC

2. The Articles of Organization were filed on 09/26/2011 and assigned

document number L11000109830

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

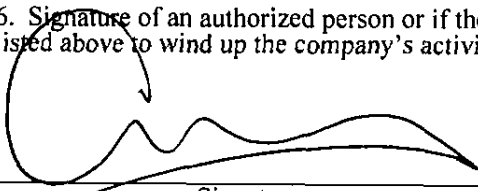
For the past 3 years the company stop making profits due to many of our clients losing their jobs or having a

decrease in their income due to the country going through a bad economy situation. Also business expenses

keep going more expensive, between materials, gas and licenses which the company can't afford to pay anymore.

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

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

Carlos E Perez

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 JUN 19 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA