

L12000021989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

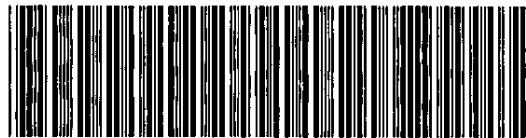
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/14--01047--002 **25.00

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2014 AUG 18 AM 11:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Margaritas Janitorial 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:

Awa Margarita Ortiz
(Name of Person)

Margaritas Janitorial Services LLC
(Firm/Company)

573 Calibre Crest PKWY Apt #106
(Address)

Altamonte Spring FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Awa Margarita Ortiz at (404) 723-1059
(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

2014 AUG 18 AM 11:04

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Margaritas Taxitorial Servicios LLC

2. The Articles of Organization were filed on 02/14/2012 and assigned

document number L12000021989

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).

Loss of business. Due my pregnancy and after I get birth
my baby was born with severe medical problems. For this reason
I decide to close the business and take care my son.

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

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:

Ana M Ortiz
Signature

Ana M Ortiz
Printed Name

FILING FEE: \$25.00

FILED
2011 AUG 8 AM 11:01
CLERK OF COURT
HILLSBORO COUNTY, FLORIDA