

L12000045985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

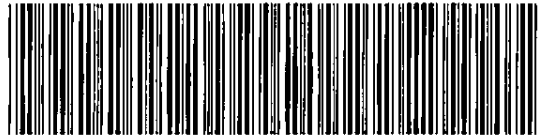
Certified Copies _____

Certificates of Status _____

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03/06/23--01013--024 **20.00

FILED

2023 MAR -6 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oquist 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:

JoAnne White
(Name of Person)

(Firm/Company)

449 Easy Street
(Address)

Sebastian, FL 32958
(City/State and Zip Code)

For further information concerning this matter, please call:

JoAnne White at 772 766 2501
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 MAR -6 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Oguis & Services, LLC

2. The Articles of Organization were filed on 4-02-2012 and assigned

document number L12000045985

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).

Owner of Business passed away

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

JoAnne White

449 East St

Sebastian, FL 32958

772-766-2501

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:

JoAnne White
Signature

JoAnne White
Printed Name

FILING FEE: \$25.00