

L12000117147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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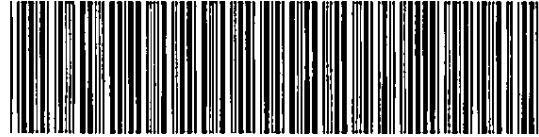
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
2019 MAR -4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL 32307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMEERHOME SOLUTION 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:

VICTOR J. VALLS
(Name of Person)

(Firm/Company)

3491 HOME TOWN LN
(Address)

SAINT CLOUD, FL 34769
(City State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

VICTOR J. VALLS at (786) 600-5005
(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

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

1. The name of a limited liability company is

AMERIHOMES SOLUTION LLC

2. The Articles of Organization were filed on 09/12/2012 and assigned

document number L 12000117147

3. The delayed effective date the dissolution is 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).

THIS LIMITED LIABILITY COMPANY NEVER HAD ANY
BUSINESS OPERATION. IT DOES NOT HAVE
ANY ASSET NOR LIABILITY

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

VICTOR J. VALLS, MGR
3491 HOME TOWN LN
SAINT CLOUD, FL 34769

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TALLAHASSEE, FLORIDA

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AND
FILED

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

VICTOR J. VALLS
Printed Name

FILING FEE: \$25.00