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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. Buren FEB. 2. Q. WILL



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Way Remodelation 19 HC 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:

Vicente Gonzalez					
(Name of Person)					
Way Remodelation 19 HC	LLC				
(Firm/Company)					
1439 W 44th Ter					
(Address)					
Hialeah Florida 33012					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Vicente Gonzalez at (813), 6505254.

(Name of Posson) (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 Way Remodels hon 19 HC LLC.	
	The Articles of Organization were filed on $0ctober 10, 2012$ and assigned document number $6/2000/28856$.	
3.	The delayed effective date the dissolution if not effective on the date of filing: $\frac{12\sqrt{3}}{3}$	
	A description of occurrence that resulted in the limited liability company's dissolution pursuant of section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Mutual Agreement by members PROPERTY OF STATES ORDER O	on care
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and bove to wind up the company's activities and affairs:	listed
	Signature Printed Name	
	Vicente Gonzale:	2

FILING FEE: \$25.00

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