## L13000034558

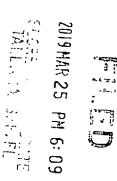
, (Requi	estor's Name)	2000
(Addre	:ss)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	





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R. WHITE

## COVER LETTER

TO: Registration Section Division of Corporations  SUBJECT:   SUBJECT:   (Name of Limited Liability Company)	
SUBJECT: 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Firm/Company)	
5330 Northdale 61 vd.	
(Address)	
<u>landa</u> +L 33624	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (114) 6187728 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytine Telephone Number)	
Enclosed is archeck for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution  \$555.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
)	
MAILING ADDRESS: STREET/COURIER ADDRESS	S:
Registration Section Registration Section	
Division of Corporations  Division of Corporations  Division of Corporations  Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

F11.ED 2019 HAR 25 PM 6: 09

1. 1	The name of a limited liability company is  Dortsess left acuance SELAE  ALE  LATE
2. T	The Articles of Organization were filed on and assigned
d	ocument number <u>L13000034558</u>
	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 60	description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707. Florida Statutes. (copy 605.0707 on back cover letter).
_	Just the evolution of a business
_	enployee of company.
	there are no members, enter the name and address of the person appointed to wind up the company's ctivities and affairs:
	Dariel Garcia
	5330 Northdale Blud.
	Tamps, AL 33624
5. Si isteo	ignature of an authorized person or if there are no members, the signature of the person appointed and above to wind up the company's activities and affairs:
	Signature Printed Name
	rfinied ivame

FILING FEE: \$25.00