

L 17 000 066400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

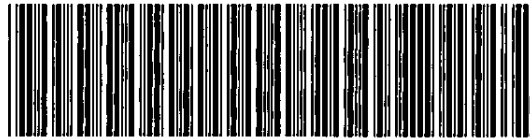
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900255866799

01/30/14--01013--012 **25.00

J. Stivers FEB 03 2014

RECEIVED
TALLAHASSEE, FLORIDA
14 JAN 30 AM 10:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nichole Saraka Total Home Cleaning 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:

Nichole Saraka
(Name of Person)

self
(Firm/Company)

31 Arthur Ct.
(Address)

Satellite Beach, FL 32937
(City/State and Zip Code)

For further information concerning this matter, please call:

Nichole Saraka at (305) 394-0119
(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

Nichole Saraka Total Home Cleaning Services LLC

2. The Articles of Organization were filed on 5/6/2013 and assigned
document number L13000066400

3. The delayed effective date the dissolution if not effective on the date of 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).

No monies ever earned and business never
pursued due to car accident and personal
injuries as resulted.

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

Nichole Saraka
31 Arthur Ct.
Satellite Beach, FL 32937

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

Printed Name

Njsmaka

Nichole Saraka

FILING FEE: \$25.00

FILED
14 JAN 30 PM 10:56
TALLAHASSEE, FLORIDA