

L13000090554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

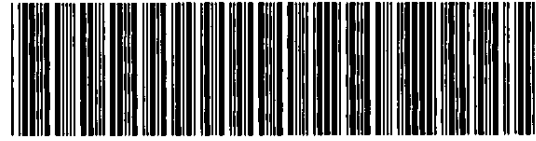
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/27/17--01015--030 **25.00

17 APR 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
APR 28 2017

April 25th, 2017

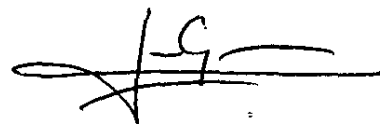
FLORIDA DEPARTMENT OF STATE.

HERE I SEND YOU THE INFO REQUESTED
FOR THE DISSOLUTION OF F&P PROFESSIONAL SOLUTIONS
LLC.

PHONE NUMBER: 786 334 0514

RETURN ADDRESS: 388 NE 85th ST.
EL PORTAL, FL. 33138

Luis GRANDE



COVER LETTER

TO: Registration Section
Division of Corporations

F & P Professional Solutions LLC

SUBJECT: _____
(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:

Luis Grande

(Name of Person)

F & P Professional Solutions LLC

(Firm/Company)

388 NE 85th St.

(Address)

El Portal, Fl. 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Grande

(786) 334 0514

(Name of Person) at (_____) _____
(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
F & P Professional Solutions LLC

2. The Articles of Organization were filed on 06/24/2013 and assigned
document number L13000090554

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).
We are having more loses than earnings.

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. 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

Luis Grande

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA