# L13000166425

| (Re                                     | questor's Name)    | <del></del> |  |  |  |  |
|---|--------------------|-------------|--|--|--|--|
| (Ad                                     | dress)             |             |  |  |  |  |
| (Ad                                     | dress)             |             |  |  |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |  |
| (Bu                                     | siness Entity Nar  | me)         |  |  |  |  |
| (Document Number)                       |                    |             |  |  |  |  |
| Certified Copies                        | Certificates       | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |

Office Use Only



200256338172

02/10/14--01018--007 \*\*25.80



FEB 1 2 2014 D. BRUCE

# **COVER LETTER**

| TO: Registration Section Division of Corporations                                       |   |
|---|---|
| SUBJECT: DED CLEANING AND SERVICE U.C. (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:               |   |
| PICHARD KANOK (Name of Person)  |   |
| (Name of Person)  |   |
| D&D CLEANING AND SERVICE LLC (Firm/Company)   |   |
| 3221 SE 12TH ST APT. AS (Address)   |   |
| (Address)   |   |
| POMPANO BEACH FL 330 62  (City/State and Zip Code)                                      |   |
| (City/State and Zip Code)   |   |
| (City/State and Zip Code)  For further information concerning this matter, please call: | Y |
| DOMINIK SKUPINA at 386 576 4584 5110 188  | + |
| (Name of Person) (Area Code & Daytime Telephone Number)                                 | * |

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

\$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. 7        | The name of a limited liabil                                | ity company is  | S                                     |                          |                  |                            |  |      |
|-------------|---|-----------------|---------------------------------------|--------------------------|------------------|----------------------------|--|------|
| _           | D&D CLEANIN   | 16 AND          | SERVICE                               | :<br>                    | <del></del>      |                            | •  |      |
|             | The Articles of Organization locument number <u>L130</u>    |                 |                                       | 5, 2013                  | and as           | ssigned                    |  |      |
| 3. 7        | The delayed effective date t                                | he dissolution  | if not effective                      | on the date              | of filing:       |                            | <del> \                                 </del> |      |
| 4. <i>A</i> | A description of occurrence<br>05.0707, Florida Statutes, ( | that resulted i | in the limited lia<br>7 on back cover | bility compa<br>letter). | any's dissolutio | on pursuant to             | section  | 1    |
| _!          | WE WERE NOT   | ABLE F          | IND ANY                               | WOIZK                    | CONTRA           | CTS.                       |  |      |
| _           | HAD NO EMPLO  | YEES.           |                                       |                          |                  |                            | · · · · · · · · · · · · · · · · · · ·          |      |
| _           |   |                 |                                       |                          |                  |                            |  |      |
|             | f there are no members, ent                                 | JOSS JOHINK     | nd address of th<br>SWPINA<br>SIERRA  | AND D                    | ENISA KA         | ANOKOVA                    |  |      |
| 6. S<br>abo | Signature of an authorized prove to wind up the company     | erson or if the | ere are no memb<br>ad affairs:        | ers, the sign            | ature of the per | rson appointed             | <br>l and li                                   | sted |
|             | Signature   |                 |                                       |                          | Printed Name     |                            |  |      |
|             | Shin  |                 | <i>_</i> _                            | OMINIK                   | AUITUNE          |                            |  |      |
|             |   |                 | FILING FEE                            | : \$25.00                |                  | ASSERVATARE<br>ASSERVATARE | 2014 FEB 1 1                                   |      |
|             |   |                 |                                       |                          |                  | <u></u>                    | 7  |      |