

#L13000139840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

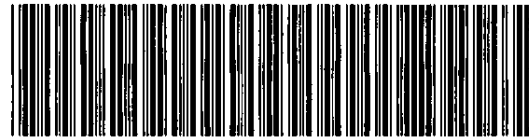
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~Wrong Form~~

Office Use Only



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05/05/14--01003--027 **35.00

FILED
2014 JUN 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALT
EXAMINER
JUN 20 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2014

EDUARDO DE LA CRUZ
850 SW 2ND AVE.
APT. 1206
MIAMI, FL 33130

SUBJECT: DELACRUZ PROFESSIONAL SERVICES LLC
Ref. Number: L13000139840

We have received your document for DELACRUZ PROFESSIONAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 114A00010090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeLaCruz Professional 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:

Eduardo de la Cruz.
(Name of Person)
DeLaCruz Professional Services, LLC.
(Firm/Company)
820 NW 7th Ave # 407
(Address)
Miami, FL 33136.
(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo de la Cruz at (305) 888-9988
(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 DELA CRUZ Professional Services, LLC

2. The Articles of Organization were filed on 10/03/2013 and assigned
document number L13000139840

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)

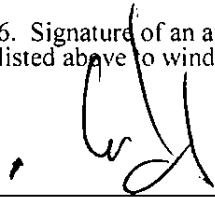
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I decided to close it because it was
impossible to find customers to give my
services and for that reason the cost
had exceeded the entries.

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

Eduardo de la Cruz
820 NW 7th Ave #407
Miami, FL 33136

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

Eduardo de la Cruz

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Dela Cruz Professional Services, LLC.

Document number of Limited Liability Company is: L13000139840

Date of dissolution was: 04/28/2014

Description of information that must be included in a written claim:

none.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Eduardo de la Cruz
820 NW 7th Ave #407
Miami FL 33136

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Eduardo de la Cruz
Printed Name of the Person Filing

all
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00