

113000141176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

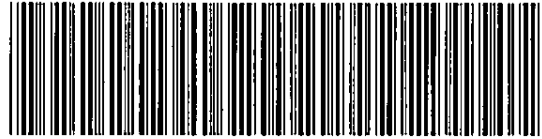
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SECRET  
FALL 2023

2023 OCT -3 AM 11:53

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**COVER LETTER**

**QUALITY BUSINESS SOLUTIONS, LLC  
1229 PROVIDENCE BLVD, DELTONA FL, 32725 SUITE J**

**386-259-4971 FAX:386-259-4973**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST PALLETS of FL 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:

LUIS DE LA PAZ  
(Name of Person)

BEST PALLETS of FL, LLC  
(Firm/Company)

1830 PATTERSON AVE. UNIT D  
(Address)

DeLAND, FL 32720  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS DE LA PAZ at ( 386 ) 837-2801  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

BEST PALLETS of FL, LLC

2. The Articles of Organization were filed on 09/22/2023 and assigned

document number L 13 000 14 1176

3. The delayed effective date the dissolution if not effective on the date of filing: 09/29/2023  
(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).

Partners decision to dissolution of the  
Company

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

Luis DelaPAZ  
1830 PATTERSON AVE  
UNIT D  
DeLAND, FL 32720

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:

Constantino dela paz  
Signature

CONSTANTINO DELA PAZ  
Printed Name

**FILING FEE: \$25.00**

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SECTION  
TALLAH  
FILED

## 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: Best Pallets of FL, LLC

Document number of Limited Liability Company is: L 13000 14 1176

Date of dissolution was: 09/29/2023

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

Partners decision to dissolution  
of the company

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

1830 PATTERSON AVE  
UNIT D  
DELAND, FL 32720

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TALLAHASSEE

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.

CONSTANTINO DELA PAZ  
Printed Name of the Person Filing

Constantino de la paz  
Signature of the Person Filing