

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone :	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del>)</del>
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:
		į
	<u> </u>	

Office Use Only



600271342656

05/01/15--01001--001 \*\*25.00

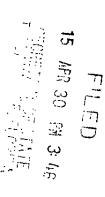
RECEIVED

15 APR 30 PH 3: 52

DIVISION OF CORPORATIONS

EFFECTIVE DATE

APR 3 0 2015 S. YOUNG



## \*

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Higher key (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	e following:
5hinles	of Person)
(Firm/	her Level Cleaning Se relie
169	19 Oaklidge Rd
Jalla / (City/State	Aassae FL 323105 and Zip Code)
For further information concerning this matter, please call:	
Shille of House Alex (Name of Person)	at (
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)
	्रें 🏥 📆
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  Higher level Cleaning &
2.	The Articles of Organization were filed onand assigned
	document number <u>113000157299</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 4/30/2005 (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).  **Mo ( Meddo +
	Mrs eplaced 1460me. Very Low Rasiness
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Shiney blowerd
	Do Box 5494
	Talle FL 32314
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Shirley House
	FILING FEE: \$25.00
	FILED AND AND AND AND AND AND AND AND AND AN