

L13000171581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

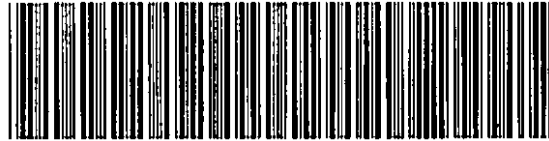
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/12/22--01022--014 \*\*50.00

2022 SEP 12 PM 1:12

*Dissolution*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NTO Housekeeping 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:

Rosa I Ortiz

(Name of Person)

(Firm/Company)

4626 Windstarr Dr

(Address)

Destin Florida 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosa I Ortiz

(Name of Person)

850

708-5345

at (

(Area Code & Daytime Telephone Number)

2022 SEP 12 PM 1:12

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  
NTO Housekeeping Services LLC

2. The Articles of Organization were filed on 12/12/2013 and assigned  
document number L13000171581

3. The delayed effective date the dissolution if not effective on the date of filing: 06/15/2022 8/31/22 (20)  
(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).  
Owner Noel Trejo has passed away 5/17/2022. Copy of Death Certificate is attached.

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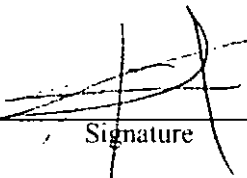
Owner Noel Trejo has passed away 5/17/2022. Copy of Death Certificate is attached.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: Rosa I Ortiz ( Spouse)

4626 Windstarr Dr

Destin, Florida 32541

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

Rosa I Ortiz

Printed Name

**FILING FEE: \$25.00**

## BUREAU of VITAL STATISTICS

FL

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022093521

DATE ISSUED: MAY 20, 2022

## DECEDENT INFORMATION

DATE FILED: MAY 19, 2022

NAME: NOEL TREJO ORTEGA

DATE OF DEATH: MAY 17, 2022

SEX: MALE

AGE: 040 YEARS

DATE OF BIRTH: AUGUST 30, 1981

SSN: \*\*\*-\*\*-9999

BIRTHPLACE: VERACRUZ, MEXICO

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: SACRED HEART HOSPITAL ON THE EMERALD COAST

LOCATION OF DEATH: MIRAMAR BEACH, WALTON COUNTY, 32550

RESIDENCE: 4626 WINDSTARR DRIVE, DESTIN, FLORIDA 32541, UNITED STATES

COUNTY: OKALOOSA

OCCUPATION, INDUSTRY: ENTREPRENEUR, HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, MEXICAN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: ROSA IVETH ORTIZ

FATHER'S/PARENT'S NAME: NOEL TREJO SAUCEDA

MOTHER'S/PARENT'S NAME: RUTH ORTEGA MORALES

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: ROSA ORTIZ BARRADAS

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4626 WINDSTARR DRIVE, DESTIN, FLORIDA 32541, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: TRAVIS J. WATKINS, F044438

FUNERAL FACILITY: DAVIS-WATKINS CREMATION CENTER AND FUNERAL SERVICE F351144  
9561 US HIGHWAY 98 WEST, MIRAMAR BEACH, FLORIDA 32550

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: DESTIN MEMORIAL CEMETERY  
DESTIN, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0144

DATE CERTIFIED: MAY 18, 2022

CERTIFIER'S NAME: JENNIFER COUSINS ESTES

CERTIFIER'S LICENSE NUMBER: ME97875

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2024000474

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

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