U17000 178342

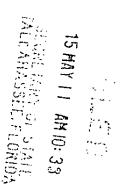
(Requ	uestor's Name)				
(Address)					
(Addr	ess)				
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500272760185

05/11/15--01039--002 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

VERONA CLEANING SERVICES LLC

SUBJECT:

(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:

JHON RODRIGUEZ

(Name of Person)

JIREH MULTISERVICES INC

(Firm/Company)

3095 S MILITARY TRAIL # 4

(Address)

LAKE WORTH FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

JHON RODRIGUEZ

561

574 9110

(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 liabilit VERONA CLEANING SERVI					
2.	The Articles of Organization	were filed on 12/31/2013	No.	_ and assigned		
	document number L13000178	342				
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited opy 605.0707 on back cov	liability company's d	issolution pursuant to section		
THE CONSENT OF THE SOLE MEMBER						
5.	If there are no members, ente	r the name and address of	the person appointed	to wind up the company's		
	activities and affairs:					
6. lis	Signature of an authorized pe sted above to wind up the com	rson or if there are no me pany's activities and affai	mbers, the signature ors:	f the person appointed and		
	. <i>m</i> -					
	than!		ZILSA M. LOPEZ	J.N.		
	Signature	Printed Name				

FILING FEE: \$25.00