

L14000133722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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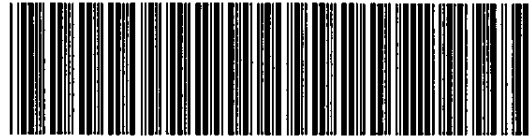
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 01 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TRUSTED SURROGACY 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:

DIMITRIOS HATZIVLASSIOU

(Name of Person)

(Firm/Company)

16821 APOPKA SPRINGS BLVD

(Address)

MONTVERDE FL 34756

(City/State and Zip Code)

For further information concerning this matter, please call:

DIMITRIOS HATZIVLASSIOU

(Name of Person)

352

484-4395

at ()

(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

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