

L14000142114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

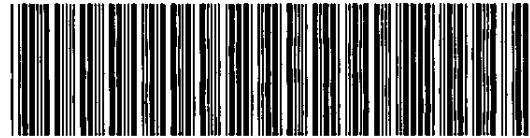
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600265715416

10/27/14--01039--005 **25.00

FILED
14 OCT 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Machuk Le Yuk Management 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:

Jose Rivera

(Name of Person)

Machuk Le Yuk Management LLC

(Firm/Company)

12207 Braxted Dr

(Address)

Orlando Florida 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Rivera

(Name of Person)

787

550-8901

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

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

1. The name of a limited liability company is
Machuk Le Yuk Management LLC
2. The Articles of Organization were filed on 09/11/2014 and assigned
document number L14000142114
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)
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).
Never Started

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jose Rivera
12207 Braxted Dr
Orlando Florida 32837

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

Jose Rivera

Printed Name

FILING FEE: \$25.00

FILED
14 OCT 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA