

L14000172657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

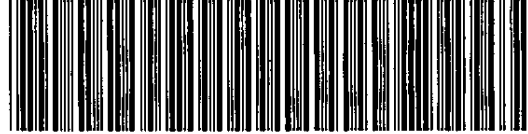
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500279296655

11/23/15--01017--021 \*\*25.00

FILED  
15 NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss. w/notice  
JFM 12/1/15

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

15 NOV 23 PM 1:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
FINANCIAL RELIEF LLC

2. The Articles of Organization were filed on 11/05/2014 and assigned  
document number L14000172657

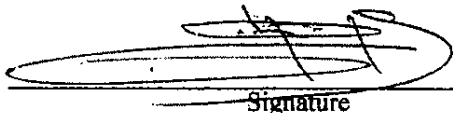
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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).

THE LIMITED LIABILITY COMPANY WAS DISSOLVED UPON THE UNANIMOUS WRITTEN  
CONSENT OF ALL THE MEMBERS OF THE COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ANGEL GARCIA SR.

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FINANCIAL RELIEF LLC

Document number of Limited Liability Company is: L14000172657

Date of dissolution was: 11/20/2015

Description of information that must be included in a written claim:

NAME, ADDRESS AND PHONE NUMBER OF  
CLAIMANT

DESCRIPTION OF CLAIM, INCLUDING THE DATE  
AND AMOUNT OF THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

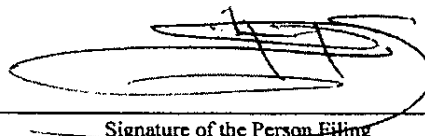
3550 BISCAYNE BLVD STE 507  
MIAMI, FL 33137

FILED  
15 NOV 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ANGEL GARCIA SR.

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**