

L15000001956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

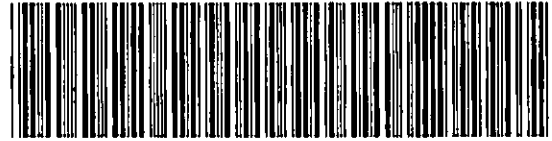
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/18--01040--020 **25.00

2018 JAN 30 09:02
54-0110 0237 0102

JAN 30 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALVAREZ & DE LA CRUZ 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:

JORGE SARDINAS ALVAREZ

(Name of Person)

(Firm/Company)

112 ROSEWOOD COURT

(Address)

KISSIMMEE, FL 34743

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE SARDINAS ALVAREZ

(Name of Person)

at **407** **962-5620**

(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
ALVAREZ & DE LA CRUZ SERVICES, LLC

2. The Articles of Organization were filed on 01/05/2015 and assigned
document number L15000001956

3. The delayed effective date the dissolution if not effective on the date of filing: 01/23/2018
(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).

LOSS OF WORK CONTRACTS WHICH TOOK AWAY THE COMPANY'S ABILITY TO OPERATE AND

MAINTAIN ITSELF AND THOSE INVOLVED IN ITS OPERATIONS AND/OR ADMINISTRATION

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

JORGE SARDINAS ALVAREZ

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: ALVAREZ & DE LA CRUZ SERVICES, LLC

Document number of Limited Liability Company is: L15000001956

Date of dissolution was: 01/23/2018

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

NAME AND CONTACT INFORMATION OF CLAIMANT

DESCRIPTION OF CLAIM

DATE, TIME, AND LOCATION OF CLAIM

AMOUNT OF CLAIM

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

112 ROSEWOOD COURT

KISSIMMEE, FL 34743

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.

JORGE SARDINAS ALVAREZ

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