L 15000035155

(R	equestor's Name)	· · ·				
(Address)						
(Address)						
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
i						
	• *					

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORING

K.SALY EXAMINER OCT 13 2015

COVER LETTER

Divisio	n of Corporations				
SUBJECT:	Eco	FRIENDLY	CLEANING	SENVICE, LL	
(Name of Limited Liability Company)					
The enclosed Ar	ticles of Dissolution	and fee(s) are submitted	for filing.		
Please return all	correspondence conc	erning this matter to the	following:		
	,				
		THOMAS	PAKON of Person)		
		(Name o	of Person)		
		% 700	icI		
		(Firm/C	Company)	 	
		2900,	ww 35 St	-	
		(Ad	dress)		
		minm,	FL 3314	2	
		(City/State a	and Zip Code)		
For further infor	mation concerning th	•			
	THOMAS,	PAILOV	at (<u>305</u>) (Area Code & Day	637 6890	
	(Name of Po	erson)	(Area Code & Day	time Telephone Number)	
Enclosed is a chec	ck for the following amo	ount:			
\$25.00	Filing Fee and Certificat	te of Dissolution	☐ \$55.00 Filing Fee, Cer Certified Copy (addit	tificate of Dissolution & ional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

FILED
2015 OCT -9 PM 1:22
TALLAHESSEE, FLORIDA

1. The name of a limited liability	y company is		TALLETE
5(0	FRIENDLY (CLEMING	SENVICE LAHES
2. The Articles of Organization document number	were filed onFib	25,2015	_ and assigned
document number	15-00004914	-0 213000	G 01050
3. The delayed effective date th (effective of Note: If the date inserted in the listed as the document's effective date.	late cannot be prior to or more that is block does not meet the app	an 90 days later than date dicable statutory filing	g: document is received for filing) requirements, this date will not b
4. A description of occurrence to 605.0707, Florida Statutes, (c	hat resulted in the limited lopy 605.0707 on back cove	liability company's d er letter).	issolution pursuant to section
FALSE STATE BUSINESS VEN	TO BUSINESS	EFFORT.	NO CHENTS,
5. If there are no members, enter activities and affairs:		•	to wind up the company's
	2900 NO	N 35 St	
		FL 33	142
6. Signature of an authorized polisted above to wind up the com	erson or if there are no men pany's activities and affairs	nbers, the signature o	f the person appointed and
Murle		THOM	Name PWIKON
Signature		Printed	d Name

FILING FEE: \$25.00