# L15000112200

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Certified Copies		Certificat	tes of S	Status
Special Instructions t	to Fil	ing Officer:		

Office Use Only



12/10/18--01043--002 \*\*25.80

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D. SCOTT DEC 1 3 201L

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

# **Articles Of Dissolution**

(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:



For further information concerning this matter, please call:

Luis Hernandez
(Name of Person)

(Name of Person)

(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

<ol> <li>The name of a limited liab Top Quality Sewing LLC</li> </ol>	oility company is							
Top Quanty Sewing 1.150	·				,			
2. The Articles of Organizat	ion were filed on 6/02/2015	<u> </u>	and assigned					
document number L15000	112200	<del></del>						
. The delayed effective date	e the dissolution if not effective on the date of filing: 12/15/2018 ive date cannot be prior to or more than 90 days later than date document is received for filing							
Note: If the date inserted i	ive date cannot be prior to or more in this block does not meet the ective date on the Department	applicable statutory filing	e document in it		uing) will not i			
4. A description of occurren 605.0707, Florida Statutes	ce that resulted in the limits, (copy 605.0707 on back c	ed liability company's o	dissolution pu	ırsuant to	section			
Health Probems Of the AME	• • • •	·	1	i Eleš				
The companys requaring our	services, change the sourcing	of products.	: 1	ÛĒÛ	***			
				0	<u> </u>			
				رب بب	<del>ر</del>			
i. If there are no members, e	enter the name and address	of the person appointed	I to wind up t	he comp	any's			
activities and affairs:	Luis Hernandez							
	1597 N Eloise Dr, Winter Haven. FL 33884							
	44-14-1							
6. Signature of an authorized listed above to wind up the c	d person or if there are no n ompany's activities and aff	nembers, the signature (	of the person	appointe	d and			
10								
Menne	3	Luis Hernandez						
Signature		Printo	d 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: I OP Quality Sewing I	LLU
Document number of Limited Liability Company is: L1500011220	00
Date of dissolution was: 12/15/2018	
Description of information that must be included in a written claim:	·   3
Invoices	Ž <sup>i</sup> ma dec
	0
	. · ພ
Mailing address where claims can be sent: (Claims cannot be sent to the Division 1507 No. 150	on of Corporations)
1597 N Lake Eloise Dr	
Winter Haven, FL 33884	
A claim against the above named limited liability company will be barred unle	ss a proceeding to enforce the

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

claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Luis Hernandez