L15000 147180

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400287427874

07/27/16--01006--019 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

TIMOTEO HERNANDEZ OVIEDO 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:

JULISSA ROSADO

(Name of Person)

DCM SERVICES CENTER

(Firm/Company)

7208 N ARMENIA AVE

(Address)

TAMPA, FLORIDA 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

813

990-8630

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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

2. Th	ne Articles of Organization	were filed on 08/20/2015 and assigned
do	cument number L15000143	3180
<u>N</u>	effective of the date inserted in the	ne dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will no live date on the Department of State's records.
4. A 605	description of occurrence to 5.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pursuant to sectiopy 605.0707 on back cover letter).
ВU	SINESS NO LONGER OPE	RATION
		er the name and address of the person appointed to wind up the company's
	there are no members, ente	TIMOTEO HERNANDEZ OVIEDO LLC
act	tivities and affairs:	erson or if there are no members, the signature of the person appointed and
act	tivities and affairs:	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
act	tivities and affairs:	erson or if there are no members, the signature of the person appointed and

FILING FEE: \$25.00