

**L15000158321**

\_\_\_\_\_  
(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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Office Use Only



**600298056726**

05/03/17--01016--001 \*\*25.00

MAY 04 2017  
**S. YOUNG**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:34

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORES CORPORATE SOLUTIONS 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:

PEDRO A FLORES

(Name of Person)

FLORES CORPORATE SOLUTIONS LLC

(Firm/Company)

678 STERLING DR

(Address)

KISSIMMEE FL 34758

(City/State and Zip Code)

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TALLAHASSEE  
17 MAY -3 PM 3:34

For further information concerning this matter, please call:

PEDRO A FLORES

(Name of Person)

at ( 407 ) 4522501

(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:**

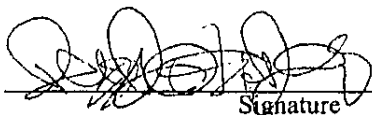
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
FLORES CORPORATE SOLUTIONS LLC
2. The Articles of Organization were filed on 09/17/2015 and assigned  
document number L15000158321
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2016  
(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 OWNER DECIDED NOT CONTINUE WITH THE COMPANY BECAUSE IT DOES NOT HAVE ANY  
ACTIVITY SINCE IT WAS OPENED
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
PEDRO A FLORES  
678 STERLING DR  
KISSIMMEE, FL 34758
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

PEDRO A FLORES

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 PM 3:34