L16000018522

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Speciał Instructions to Filing Officer:
Office Use Only



08/14/17--01045--028 *+25.00

17 AUG 14 AM 11: 07 DIVISION OF CONTREVATIONS

FILED

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COVER LETTER

Registration Section TO: Division of Corporations

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Unique cap Pental (Name of Limited Liability Company) SUBJECT: _

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Simeon Garcia (Name of Person) (Firm/Company) 8081 NW 31st (Address)

Dopal, H., 33122 (City/State and Zip Code)

For further information concerning this matter, please call:

Simeon Garcia (Name of Person) at (305)989 6401 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

25.00 Filing Fee and Certificate of Dissolution

11855.00 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

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	Unique care Rental
2.	The Articles of Organization were filed on <u>04/21/16</u> and assigned
	document number <u>LK000678522</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:
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).

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there are no members, e	enter the name and address of the person appointed to wind up the company's	3
ctivities and affairs:		-

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Signature

Sincon Goracia Printed Name

FILING FEE: \$25.00