## L16000125363

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Emily Harris)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

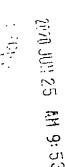
Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Oliveira Brightic (Name of Limited L	cleaning company 11 C			
(Name of Elmited L	nability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
LOSA HARISES	5. Oliveira			
(Name of Person)				
(Firm/Company)				
13351 Meadow B	bay 100P			
13351 Meadow Bay 100P				
ORlando Fl (City/State and	32824			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
1,-0,11,0000 0 01,1000				
(Name of Person)	at (407) 885.505 8 (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:	Street Address:			
Registration Section	Registration Section			
•	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	Oliveira Brightacleaning Services 11C	
2.	The Articles of Organization were filed on June 30,2016 and assigned	
	document number <u>116000125363</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 no listed as the document's effective date on the Department of State's records.	ot be
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).	on
	Inst my contracts due to 3	
	Covid 19	
	) T	
5.	If there are no members, enter the name and address of the person appointed to wind up the compands activities and affairs:	الوصوب
	13351 Meadow Bay 100P	
	Orlando F1 32824	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and ove to wind up the company's activities and affairs:	listed
S	Color HS Queiva LISA MADISE G. Olivei Signature Printed Name	NA

FILING FEE: \$25.00