

116 000 152 008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

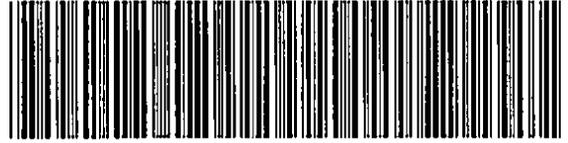
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/20--01006--022 **55.00

2020 MAY 13 AM 8:11
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

FILED

JUN 03 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LIFE BUSINESS MAINTENANCE, 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:

FRANCISCO MARTINEZ

(Name of Person)

(Firm/Company)

3575 PRESCOTT LP

(Address)

LAKELAND, FL 33810

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO MARTINEZ

(Name of Person)

863

899-8254

at (

_____) _____
(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

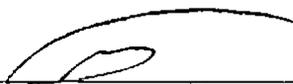
Street Address:

Registration Section
Division of Corporations
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
NEW LIFE BUSINESS MAINTENANCE, LLC
2. The Articles of Organization were filed on 8/15/2016 and assigned
document number L16000152008
3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/2020
(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).
TRANSFERRED BUSINESS ACTIVITY TO ANOTHER COMPANY.
TRANSFERRED BUSINESS ACTIVITY TO ANOTHER COMPANY.
TRANSFERRED BUSINESS ACTIVITY TO ANOTHER COMPANY.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
FRANCISCO MARTINEZ
3575 PRESCOTT LP
LAKELAND, FL 33810
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:

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE



Signature

FRANCISCO MARTINEZ

Printed Name

FILING FEE: \$25.00