

(Re	questor's Name)	
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C SIGN UP	□ 144AF	
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Armor Property Services, 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:

Angela Rinaldi	
(Name of Person)	
(Fig. (Company)	
(Firm/Company)	
2012 SE 8TH TER	
(Address)	
CAPE CORAL, FL 33990	
(City/State and Zip Code)	

For further information concerning this matter, please call:

ANGELA RINALDI

__507

440-4814

(Name of Person)

(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 liabili Armor Property Services, LLC							
2.	The Articles of Organization	were filed on	9/19/2016	and assigned				
	document number L16000174	4868						
3.	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 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 business took a huge loss when a large client did not pay and had to close.								
5. If there are no members, enter the name and address of the person appointed to wind up the company's								
	activities and affairs:	Angela Rinaldi	,	7	V.T.V.			
		2012 SE 8TH	TER	13	HASSE			
		CAPE CORAL	L, FL 33990	——— <u>ਹ</u>	THE SE			
				56	ADE.			
6. lis	Signature of an authorized potential above to wind up the com	erson or if ther pany's activiti	re are no members, the signature of the	of the person appointed and				

FILING FEE: \$25.00

Angla Rinaldi Signature