

2/7/2019

Division of Corporations

L17000004150

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082

Phone : (305)644-9144

Fax Number : (786)477-5802

**LLC DISSOLUTION OR WITHDRAWAL
AMAZING4SALES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 FEB -7 PM 1:13

19 FEB -7 AM 9:55
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FEB 08 2019

A. LUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AMAZING4SALES 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:

IRMA SERNA

(Name of Person)

ASLAN TAX SERVICES INC

(Firm/Company)

762 SW 18TH AVE

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA SERNA

(Name of Person)

at **305 644-9144**

(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

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DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
AMAZING4SALES LLC

2. The Articles of Organization were filed on 01/05/2017 and assigned
document number L17000004150

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/18
(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).

BUSINESS CEASED OPERATION

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:

x



Signature

Kristina V Seseikina

Printed Name

FILING FEE: \$25.00

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ALLIANCE
FLORIDA

LED