

L17000039022

\_\_\_\_\_  
(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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2017 MAY 30 P 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 30 AM 9:46  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 02 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: JC REYES PROFESSIONAL PAINTING 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:

CAROLINA BANEAS DE REYES  
(Name of Person)

JC REYES PROFESSIONAL PAINTING LLC  
(Firm/Company)

1067 NW 6TH STREET #7  
(Address)

MIAMI, FL 33136  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

CAROLINA B De Reyes at (786) 487-0568  
(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 liability company is

JC REYES PROFESSIONAL PAINTING LLC

2. The Articles of Organization were filed on 02/17/17 and assigned

document number L17000039022

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).

OWNER DECEASED.

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

CAROLINA B. DE REYES

1067 NW 6th ST. #7

MIAMI, FL 33136

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:

✓ Carolina B. de Reyes  
Signature

CAROLINA B. DE REYES  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 30 PM 3:12

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