

L170000762.91

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

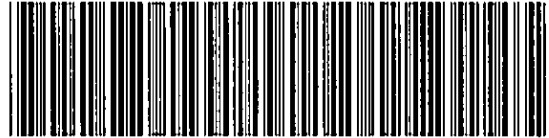
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/28/20--01005--004 \*\*25.00

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JUL 27 2020

FILED  
CLERK OF STATE  
JUL 27 2020  
20 JUL 27 AM 11:12

*Dissolution*

SEP 17 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERCAL 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:

Evelyn Rodriguez

(Name of Person)

(Firm/Company)

7450 NW 4th ST. Apt. 307

(Address)

Plantation, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Rodriguez

(Name of Person)

954

214-2055

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

20 MAR 27 AM 11:12

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
PERCAL SERVICES LLC

2. The Articles of Organization were filed on 04/05/2017 and assigned  
document number L17000076291

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2020  
(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).

Owners decided to close the company as business was not as successful as expected.

Owners decided to close the company as business was not as successful as expected.

Owners decided to close the company as business was not as successful as expected.

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

  
Signature

Evelyn Rodriguez

Printed Name

**FILING FEE: \$25.00**

20 JUL 27 AM 11:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA