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(Reque	estor's Name)
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL MAIL
(Busin	ess Entity Na	me)
(Docus	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2019 JAN 16 PH 2: 45 SEGNE LINES FE FL

R. WHITE

COVER LETTER

Division of Corporations
SUBJECT: RELIANT HOME WATCH MAN LLC. (Name of Limited Liability Company)
(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:
ANTHONY FARESICH
(Name of Person)
(Firm/Company)
5225 E. HARBOR VILLAGE DR. #206
(Address)
JOHN BEACH, FL 32967
(City/State and Zip Code)
For further information concerning this matter, please call:
h
ANTHONY FARESICH at (203) 556-510 / (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$\sum \\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}
MALLING ADDDESS CORRESPONDED ADDDESS
MAILING ADDRESS: STREET/COURIER ADDRESS:

MAILING ADDRESS:

TO:

Registration Section

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

FILED

1.	The name of a limited liability company is 2019 JAN 16 PM 2: 45
	The name of a limited liability company is RELIANT HOME WATCHMAN LL SECRETARY OF STATE TALLAHASSEE, FL
2.	The Articles of Organization were filed on July 13, 2017 and assigned
	document number <u>L17000151415</u>
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).
	QUNER ILLNESS / NO ACTIVITY
	•
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: ANTHONY FARESICH 5225 EAST HARBOR VILLAGE DR
	5225 EAST HARBOR VILLAGE DR
	#206
	VERO BEACH, FL 32967
6. li:	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
<u>)</u>	Signature ANTHONY FARESICH Printed Name

FILING FEE: \$25.00