

L17000194251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

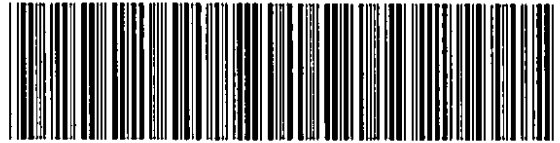
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700342756057

04/06/20--01018--001 **25.00

2020 APR 8 PM 1:50
FILED

And DIS
CWS

APR 22 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Articles of Dissolution

(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:

Adam Michelin

(Name of Person)

OWS, LLC

(Firm/Company)

1455 Riviera Dr

(Address)

Kissimmee, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Michelin

(Name of Person)

310

9853004

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

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

FILED
2020 APR 8
PM 1:50
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

1. The name of a limited liability company is
OWS, LLC

2. The Articles of Organization were filed on 09/18/2017 and assigned
document number L17000194251

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.

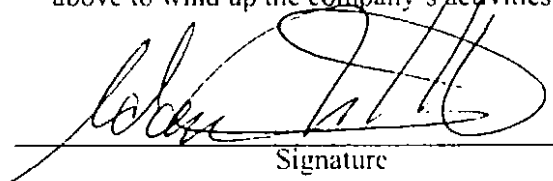
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
decided not to start business

decided not to start business

decided not to start business

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Adam Michelin 1455 Riviera Dr Kissimmee FL 34744

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

Adam Michelin

Printed Name

FILING FEE: \$25.00