

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				
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02/23/04--01007--017 **C0.00

COVER LETTER

TO: Registration Section

Divi	Division of Corporations				
SUBJECT:	Jaime GarciaHandyman LLC.				
(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are subm	itted for filing.			
Please return	all correspondence concerning this matter to	o the following:			
	Jaime Garcia				
	(Na	ime of Person)			
	Jaime Garcia Handyman LLC.				
	(Firm/Company)				
	P.O. Box 1064				
	(Address)				
	Hugo, Oklahoma 74743				
	(City/St	ate and Zip Code)			
For further inf	formation concerning this matter, please cal	l:			
Lisa Garcia		239 682-4731 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a ch	neck for the following amount:				
■ \$25.0	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	ing Address:	Street Address:			
	istration Section	Registration Section			
	sion of Corporations Box 6327	Division of Corporations			
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8				
		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited lia Jaime Garcia Handyman L		
2. The Articles of Organiza	tion were filed on 02/19/2024	and assigned
document number L1700	0216617	
Note: If the date inserted	e the dissolution if not effective on the divergence of the prior to or more than 90 days for this block does not meet the applicable staffective date on the Department of State's recommendation.	later than date document is received for filing) itutory filing requirements, this date will not be
A description of occurrer 605.0707, Florida Statute moving to Oklahoma	ice that resulted in the limited liability cos, (copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
		; ,
. If there are no members,	enter the name and address of the person	appointed to wind up the company's
activities and affairs:		
		···
		ಟ
. Signature of an authorize bove to wind up the compa	I person or if there are no members, the ny's activities and affairs:	signature of the person appointed and listed
Paimo Faro	Jaime Garcia	
Signature		Printed Name

FILING FEE: \$25.00