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SECRETANY OF STATE TALL AND SECRETANY OF STATE

APPROYEU AKD FILED

## **COVER LETTER**

Division of Corporations
SUBJECT: Angels Around Town L.L.C. (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:
Theresa Perez (Name of Person)
Angels Around Town L.L.C. (Firm/Company)
(Firm/Company)  13392 Twin Lake Ave (Address)
Spring Hill FL. 34609 75 55 (City/State and Zip Code)
For further information concerning this matter, please call:
Theresa Percz at 352 345-9276  (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_{\text{\$\subset}}\$\$ \$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

I. The name of a limited liability  Angels Arou		L.C.	·		<b>_</b> ,
2. The Articles of Organization		_	_ and assigne	d	
document number	000248784	4			
3. The delayed effective date the (effective date)  Note: If the date inserted in this listed as the document's effective	s block does not meet the ap	plicable statutory flling r	document is receive equirements, the	-2019 aved for filing his date will	3) not be
4. A description of occurrence the 605.0707, Florida Statutes, (co	hat resulted in the limited opy 605.0707 on back cov	liability company's diver letter).	ssolution pur	suant to sec	ction
Business d	id not do w	iell so it	was =	2019	_
605.0707, Florida Statutes, (co Business d Stopped.			-	019 APR 10	APPI FI 
					LED OVE
				5: 13	- E
<ol><li>If there are no members, enter activities and affairs:</li></ol>		the person appointed $a$ $Perez$	to wind up th	e company	`s _
	13392 7	Twin Lake A	-ve		
	Spring	HII P. 3	4609		
<ol> <li>Signature of an authorized pelisted above to wind up the comp</li> </ol>	rson or if there are no me pany's activities and affai	mbers, the signature of	f the person a	ppointed ar	— nd
TV -		Ther	esa Pe	rez	
Signature	<del></del>	Printed	l Name		_

FILING FEE: \$25.00