

L18 000000 7144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

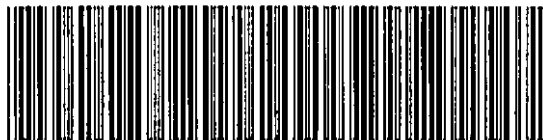
(Document Number)

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J. HORNE  
NOV 17 2021

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2021 NOV -1 PM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: work from Home Network  
(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:

Hiram Estrada  
(Name of Person)  
work from Home Network  
(Firm/Company)  
~~1485~~ 1485 SW California Blvd  
(Address)  
Port Saint Lucie, FL 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hiram Estrada at ( 754 ) 551 0791  
(Name of Person) (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

2021 NOV -1 PM 5:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Work From Home Network

2. The Articles of Organization were filed on 01/08/2018 and assigned

document number L18000007144

3. The delayed effective date the dissolution if not effective on the date of filing: Effective on filing date  
(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).

no more business/revenue

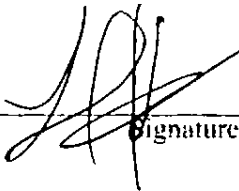
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Hiram Estrada

1485 SW California Blvd

Port Saint Lucie, FL 34953

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

Hiram Estrada  
Printed Name

FILING FEE: \$25.00

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

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Work From Home Network

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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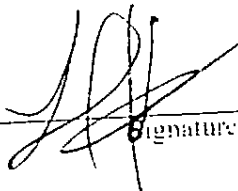
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Signature

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Printed Name

FILING FEE: \$25.00