L18000007144

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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	• #)	
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
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2021 NOV -1 PM 5: 36

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: WORK from Home Network				
(Name of Lim	ited 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:			
Hyrum Es	trada			
(Name of Person)				
Hyrum Estrada (Name of Person) Work from Home Network (Firm/Company)				
(Firm/Company)				
(Address) 1485 Sw (glifornia Blud				
Post Saint Like FC 34953 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call	:			
Hyram Estrada	at (754) 551 079 (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	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1. The name of a limited liab		SECRETARY OF STATE TALLAHASSEE, FLORE
	Home Network	·
2. The Articles of Organization	on were filed on $\frac{61/08}{}$	2018 and assigned
	800000 7144	
Note: If the date inserted in	the dissolution if not effective on the date cannot be prior to or more than 90 de this block does not meet the applicable ctive date on the Department of State's	ne date of filing: EHELY or Filing doll eys later than date document is received for filing) e statutory filing requirements, this date will not be records.
605.0707, Florida Statutes,	(copy 605.0707 on back cover lette	y company's dissolution pursuant to section r).
	isiness/revenu	
If there are no members, er activities and affairs:	nter the name and address of the per	son appointed to wind up the company's
	1485 SW Califor	nie Blul
	Port Saint Lucie	Fc 34953
6. Signature of an authorized above to wind up the company		he signature of the person appointed and listed
		Hyrum Estand
grature		Printed Name
\ \	FILING FEE: \$25.0	00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

	2021 NOV -1 PM 5: 36
1. The name of a limited liability company is	SECRETARY_OF_STATE TALLAHASSEE.FLORUS
1. The name of a limited hability company is WORK From Have NETWORK	TALLAHASSEE, FLORII'
2. The Articles of Organization were filed on	and assigned
166 . 0 11/1()	
document number <u>L 180000 1197</u> 3. The delayed effective date the dissolution if not effective on the date of fili (effective date cannot be prior to or more than 90 days later than da (effective date cannot be prior to or more than 90 days later than day (effective date cannot be prior to or more than 90 days later than day (effective date on the Department of State's records).	ng. (240.035) ne document is received for filing) ng requirements, this date will not be
Good as the document's effective date on the Department of State 8	
4. A description of occurrence that resulted in the limited liability company's	dissolution pursuant to section
NO MORE business (revenu	
	ited to wind up the company's
5. If there are no members, enter the name and address of the person appoint activities and affairs:	
activities and affairs: 1485 SW California Bloom Dord Sgind Likie, FC	
1485 SW California Bu	0
Ouch Saint Livie FC	3495 9
- POTO 2011112 CVC	
6. Signature of an authorized person or if there are no members, the signat	are of the person appointed and usice
6. Signature of an authorized person of Ir incre are no above to wind up the company's activities and affairs:	
	m ESTOGOL Printed Name
	Printed Name
FILING FEE: \$25.00	