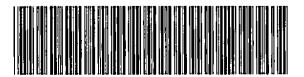
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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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ULSU-12-19

#### **COVER LETTER**

Division of Corporations
SUBJECT: CONCRETE PRESSURE WASHING LLC. (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:
ROBERT B CAMP (Name of Person)
(Firm/Company)
5491 CARMOO LAKE ORIVE
PORT ORINGE FL 32128  (City/State and Zip Code)
For further information concerning this matter, please call:
(City/State and Zip Code)  For further information concerning this matter, please call:  ASHLE CAMP at (380 ) 843-3088  Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

#### MAILING ADDRESS

TO:

Registration Section

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

# FILED

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	CONCRETE PRESSURE WASHING LIC
2.	The Articles of Organization were filed on $\frac{3}{69}$ $\frac{2018}{2018}$ and assigned
	document number <u>L18000062330</u>
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 blisted 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).
	OPERATING AT A LOSS
	APR APR -
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: ASHLEY CAN
	5491 CARMODY LAKE DRIVE
	PORTOKINGE FL 32128
	TONT ORROGE, PC 32120
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
-	Ash chul
	Signature Printed Name FILING FEE: \$25.00