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(Requestor's Name)
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FILED
2019 MAY 31 AM 10: 25

T GLASS

COVER LETTER

то:	Registration Section
	 Division of Corporations

SUBJECT: Hectors Futo Regain 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:

Hector L. Velasquez (Name of Person)	2019 HAY 31
(Firm/Company)	AH 10:
934SWNichols Terr	0: 25
Port St. Lucie Fla. 34953	

For further information concerning this matter, please call:

Justine Gordon at (772, 353-2055 (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

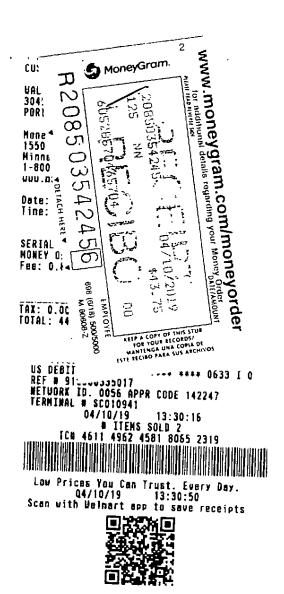
STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. 1	The name of a limited liability company is Lectors Futo Propare.	
2. 1	The Articles of Organization were filed on and assigned	
Ĺ	document number <u>L18000674</u> 350	
	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 be listed as the document's effective date on the Department of State's records.	
4. / _6 	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section obs.0707. Florida Statutes, (copy 605.0707 on back cover letter). The LLC hash to Open Bishusse in Open.	
<u>(</u>	a year. Hector has gone back to work	
-	2019	
	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	FILE
	AH O	:50
	25	
6. S liste	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:	
	Lectur Veloring Hodor Velosquez	
	Signature Printed Name	_

FILING FEE: \$25.00





DA DEPARTMENT OF STATE ISION OF CORPORATIONS

/ides for the dissolution of a corporation that has not issued

I must be legible.

utes, a delayed effective date may be specified but may not be later e document is filed.

ution form is attached. This notice pursuant to s. 607.1407, FS. is lissolution. No additional fee is required if it is included.

\$ 35.00 (Includes a letter of acknowledgment)

\$ 8.75

.) \$ 8.75

Selid One cheek

payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

For further information, you may contact the Amendment Section at (850) 245-6050.

CR2E012A (4/15)