

L180000

76957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

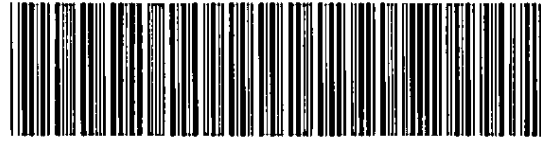
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF CORPORATIONS
20 MAR 27 PM 3:43

Dissolution

APR 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crystal's Home Services

(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:

Crystal Logan

(Name of Person)

Crystal's Home Services

(Firm/Company)

8236 Bridgeport Bay Circle

(Address)

Mount Dora, Florida 32757

(City/State and Zip Code)

For further information concerning this matter, please call:

Crystal Logan

(Name of Person)

352

at (

_____) (Area Code & Daytime Telephone Number)

8189700

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

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DIVISION OF CORPORATIONS
2012 07 27 PM 3:53

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Crystal's Home Services

2. The Articles of Organization were filed on 3-2018? and assigned

document number L18000076957

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 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).

herniated disc and annular tear in back

herniated disc and annular tear in back

herniated disc and annular tear in back

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

activities and affairs:

this was a small one person residential cleaning service and was not able to continue

there was nothing to do.

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

Crystal Logan

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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