

L180000 93171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

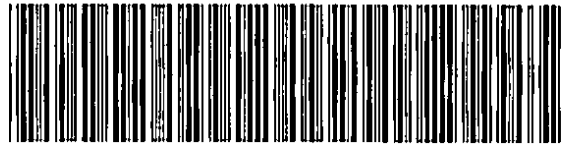
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/19--010617--013 **35.00

R. WHITE
JUN 19 2019

FILED
2019 JUN -3 PM 1:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

LUIS MENDOZA
976 VINERIDGE RUN, APT 106
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SB MULTISERVICES LLC
Ref. Number: L18000093171

We have received your document for SB MULTISERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 719A00009973

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF SB MULTISERVICES 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:

LUIS MENDOZA

(Name of Person)

SB MULTISERVICES LLC

(Firm/Company)

976 VINERIDGE RUN APT 106

(Address)

ALTAMONTE SPRING FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS MENDOZA

(Name of Person)

at (786) 660-5680

(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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF SB MULTISERVICES LLC

DOCUMENT NUMBER: L18000093171

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS MENDOZA

(Name of Contact Person)

SB MULTISERVICES LLC

(Firm/Company)

976 VINERIDGE RUN APT 106

(Address)

ALTAMONTE SPRING FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS MENDOZA

(Name of Contact Person)

at (786-660-5680)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

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

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

FILED

2019 JUL -3 PM 1:38

1. The name of a limited liability company is
SB MULTISERVICES LLC

2. The Articles of Organization were filed on 04-12-2018 and assigned
document number L1800093171

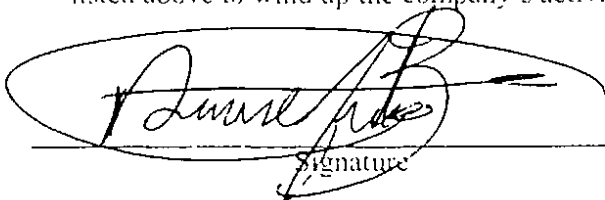
3. The delayed effective date the dissolution if not effective on the date of filing: 04-15-2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

Closed.

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

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

LUIS MENDOZA

Printed Name

FILING FEE: \$25.00