L1800014047a

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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JOSUE VARGAS SERVICES LLC 8605 SPRING CLUB CT ORLANDO, FL. 32825 407-680-7661 | 321-278-1584 |

COVER LETTER

TO:			FROM:	Josue Vargas	
REGISTRATION SECTION	1				
DIVISION OF CORPORSTION	1	Document	4	<u> 18000 140</u>	1472
CORPORSTION	·		+-	<u> </u>) 112
FAX:			PAGES:	3	
PHONE:	850-245-6051		DATE:	JULY 15,2024	
RE:	DISSOLUTION OF LLC		cc:	MARIA E. PABON	
Urgent	For Review	Please Comm	ent	Please Reply	Please Recycle
Comments: '	Your comments here				
Inc	rluding en ab	money 55,00			

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: JOSUE VA	RGAS Service LL(
(Name of Lim	nited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.			
Please return all correspondence concerning this matter t	o the following:			
Josue V	ARGAS ame of Person)			
Josue VA	ARGAS Service LLC			
8605 SPRIN	a club CT.			
ORIANDO, FI. 32825 (City/State and Zip Code)				
For further information concerning this matter, please ca	ılt:			
MARIA E. PABON (Name of Person)	V at (407) 680-7661 (Area Code & Daytime Telephone Number)			
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: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED LIABILITY COMPANY FILED
l.	The name of a limited liability company is Josue VAROGS Service LLC PAI2: 26
2.	The Articles of Organization were filed on 06062018 and assigned
	document number <u>L 1800014047</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: <u>Sune 15, 2024</u> (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). The owner Josue Vargas has Kidney
	Failure And EVALUATED FOR both heart and
	Kidney transplant. Son was Killedin car
	Accident And cannot continue due health.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: JOSUE VARGAS
	8605 SPRING CLUB CT.
	DRIANDO, F1. 32825
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
	Signature Josue Vargas Printed Name
	FILING FEE: \$25.00

JOSUE VARGAS SERVICES LLC 8605 SPRING CLUB CT ORLANDO, FL. 32825 407-680-7661 | 321-278-1584 |

COVER LETTER

TO: REGISTRATION	FROM: Josue Vargas				
SECTION DIVISION OF CORPORSTION		Document	# 1	_18000140	1472
FAX:		•	PAGES:	3	
PHONE:	850-245-6051		DATE:	JULY 15,2024	
RE:	DISSOLUTION OF LLC		cc:	MARIA E. PABON	
Urgent	For Review	Please Comm	ent	Please Reply	Please Recycle
Comments: \	our comments here				
Inc	-luding in	000ey			

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	_			
SUBJECT: JOSUE VARG (Name of Limited Liab	AS Service LLC			
The enclosed Articles of Dissolution and fee(s) are submitted for				
Tosue VAR (Name of Pe	gas gas Service LLC			
8605 SPRING Conditions of the second of the	S2825 Sip Code)			
For further information concerning this matter, please call: MARIA E. PABON at 407 680-7661 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: \$\Begin{align*} \mathbb{S} \text{25.00 Filing Fee and Certificate of Dissolution} \end{align*}	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Registration Section R Division of Corporations D	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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FOR A LIMITED LIABILITY COMP	PANY
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	Ally Club CI
ORIANDO,	<u>1-1.32825</u>
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11/	
	sue VARGAS
Signatule	Printed Name

FILING FEE: \$25.00