118000 163721

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

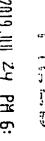
Office Use Only



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07/24/19--01001--009 **25.00

S TALLEN-JUL 2 9 2019 SEGRETARY OF STATE





June 28, 2019

ANGELA CORVAIA 1001 10TH AVE S, UINT 202 NAPLES, FL 34102

SUBJECT: ANGEL PERSONAL SERVICES LLC

Ref. Number: L18000163721

We have received your document for ANGEL PERSONAL SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

YOU MAY USE THE FORM PROVIDED TO FILE THE DISSOLUTION.

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) 245-6050.

Letter Number: 819A00013205

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Department of Florida

Amendment Section of the Division of Corporations

P.O. Box 6327, Clifton Building

Tallahassee, 32314

I wish to file articles of dissolution for my Florida Business:

--- Angel Personal Services, LLC

----Created on July 9, 2018

----No corporate shares were issued, no business was done and the owners fully agree to authorize the dissolution.

Ah laren

Thank you so much,

Angela Corvaia 1001 10th Ave S, Unit 202 Naples, Florida 34102 angela.corvaia@gmail.com

239-877-2145



Department of Florida

Amendment Section of the Division of Corporations

P.O. Box 6327, Clifton Building

Tallahassee, 32314

I wish to file articles of dissolution for my Florida Business:

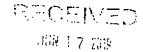
--- Angel Personal Services, LLC

----Created on July 9, 2018

----No corporate shares were issued, no business was done and the owners fully agree to authorize the dissolution.

Thank you so much,

Angela Corvaia 1001 10th Ave S, Unit 202 Naples, Florida 34102 angela.corvaia@gmail.com 239-877-2145 Ah larur



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Angela (Name of Limi	Personal Services, LL (ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
anael	a Corvaia
angela Pe	me of Person) Preside Suc
1001 10th Ave	25 4202 B
Maples	(Address) FL 3402
(Cny/Št	ate and Zip Code)
For further information concerning this matter, please call	l:
Ungela Corva (Name of Person)	at (239) 877 2145 (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:	STREET/COURIER ADDRESS:

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Personal Sex SCOLL
2.	The Articles of Organization were filed on
	document number
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).
	Mo Sales
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	1001 10 HAVES #302
	- Maples, FL 34102
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:
	Alle Angela Corvoire
	Signature (Printed Name

FILING FEE: \$25.00