

L18000172659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

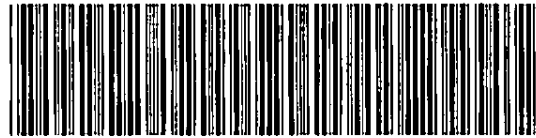
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200325875012

03/06/19--01006--075 \$25.00

R. WHITE
MAR 14 2019

FILED
2019 MAR -6 PM 4:25
TALIAH, SEED PL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY CLEANING BY MAGIC HANDS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IMELDA BENAVIDES

(Name of Person)

(Firm/Company)

5845 SOUTH 37TH COURT

(Address)

GREENACRES, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Benavides at (561) 324 7820.
(Name of Person) (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

FILED

2019 MAR -6 PM 4:25

CLERK OF THE STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
QUALITY CLEANING BY MAGIC HANDS, LLC

2. The Articles of Organization were filed on 07/18/2018 and assigned
document number L18000172659

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).

THE COMPANY IS NOT LONGER DOING BUSINESS. MEMBER OF THE COMPANY HAVE SPLIT.

THE COMPANY IS NOT LONGER TAKING ANY MORE JOBS.

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:

Imelda Benavides
Signature

Imelda Benavides
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: QUALITY CLEANING BY MAGIC HANDS LLC

Document number of Limited Liability Company is: L180001726559

Date of dissolution was: _____

Description of information that must be included in a written claim:

DISSOLUTION DUE TO MEMBERS NOT LONGER DOING
BUSINESS TOGETHER.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Imelda Benavides
Printed Name of the Person Filing

Imelda Benavides
Signature of the Person Filing