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COVER LETTER

TO:

Registration Section
Division of Corporations

Subject: True Impact Pressure Washing Services 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:

Yelennys Ochoa

(Name of Person)

True Impact Pressure Washing Services LLC

(Firm/Company)

P.O. Box 4205

(Address)

North Fort Myers, FL 33918-4205

(City/State and Zip Code)

For further information concerning this matter, please call:

Yelennys Ochoa

,786

385-2686

(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

1.	The name of a limited liabil True Impact Pressure Washing				
2.	The Articles of Organization	n were filed on _	August 1, 2018 and assigned		
	document number L1800018	34257			
3.	The delayed effective date the dissolution if not effective on the date of filing: October 29, 2018 (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 605.0707, Florida Statutes, (copy 605.0707 o			
		<i></i>			
			· · · · · · · · · · · · · · · · · · ·		
5.	If there are no members, ent activities and affairs:	er the name and Yelennys Ochoa	d address of the person appointed to wind up the company's		
		1160 Hancock C	Creek S. Blvd., Apt. 105		
		Cape Coral, FL			
6. lis	Signature of an authorized p ted above to wind up the con	erson or if there npany's activities	e are no members, the signature of the person appointed and es and affairs:		
_	Le Cennus Och	10a_	Yelennys Ochoa		
	Signature		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: True Impact Pressure Washing Services LLC
Document number of Limited Liability Company is: L18000184257
Date of dissolution was: 10/29/2018
Description of information that must be included in a written claim:
Claims are to include date, time, cost, and location of the pressure washing service.
Name, address, phone number of person who requested the pressure washing service.
Detailed description of the problem or situation for which the claim is being written.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
P.O. Box 4205,
North Fort Myers, FL 33918-4205
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.
Yelennys Ochoa Yolenmula, Ochoa
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00