

LIB000 187029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

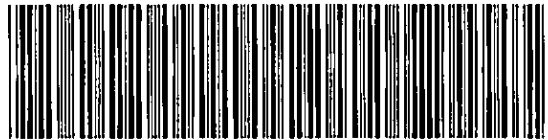
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 MAR 14 AM 11:11
TALLAHASSEE, FL

C. GOLDEN

MAR 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your link in China, 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:

Guiderman Passo
(Name of Person)
Tmi Group LLC
(Firm/Company)
4751 Old Goldenrod road Ste 5
(Address)
Orlando, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

Guiderman Passo at (407) 226-6544
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2019

GUIDERMAN POSSO
4751 OLD GOLDENROD ROAD
SUITE #5
ORLANDO, FL 32822

SUBJECT: YOUR LINK IN CHINA, LLC.
Ref. Number: L18000187029

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The entity's date of incorporation/organization must be listed in the document.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00004082

RECEIVED

2019 MAR 14 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2019 MAR 14 AM 11:11

1. The name of a limited liability company is

Your link in China, LLC

STATE OF FLORIDA
TALLAHASSEE, FL

2. The Articles of Organization were filed on August 6, 2018 and assigned

document number L18000187029

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).

Decided by board of Directors

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:

Barbara V. Irizarry
Signature

Barbara V. Irizarry
Printed Name

FILING FEE: \$25.00