

L18000198932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

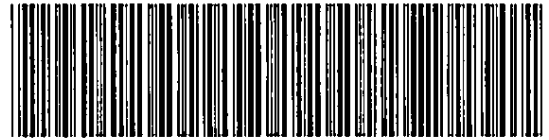
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 13 AM 7:12

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 10 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MALVIN STAFFING 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:

MARCELO Leguizamon
(Name of Person)

(Firm/Company)

PO Box 880404
(Address)

PORT ST. LUCIE FL 34988
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvana Lago
(Name of Person)

at (561) 352 93 65
(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 liability company is

MALVIN STAFFING LLC

2. The Articles of Organization were filed on 8/20/2018 and assigned
document number L18000198932

3. The delayed effective date the dissolution if not effective on the date of filing: 8/26/19
(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.

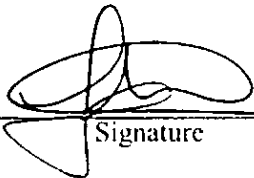
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

owner got sick

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Marcelo Leguizamon
Po Box 880404
POTT ST. Lucie, FL 34988

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:


Signature

Silvana Lag
Printed Name

FILING FEE: \$25.00

2020 JAN 13 AM 7:12
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED