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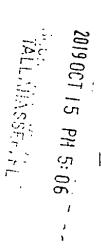
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations

TOVAR GLOBAL SERVICES LLC

SUBJECT

(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:

JUAN DANIEL TOVAR	
(Name of Person)	
MANAGER	
(Firm/Company)	
3605 CEDAR OAK DR UNIT 108	
(Address)	
FORT MYERS EL 33916	

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN DANIEL TOVAR at (305 8341315 (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

RECEIVED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited TOVAR GLOBAL SEI				<u></u>
2. The Articles of Organ	nization were filed on	-97/8	and assigned	
document number	L100000001	<u>></u> (e)		·
 Note: If the date inser 	date the dissolution if not efficiency date cannot be prior to or meet the distriction date on the Department of the Department of the Department date on the Department.	ie applicable statutory lilu	ling: 08/20/2019 and document is received to ng requirements, this dat	or filing) e will not be
4. A description of occu 605,0707, Florida Star	rrence that resulted in the lim tutes, (copy 605.0707 on back	nited liability company's cover letter).	s dissolution pursuant	to section
Closed due to lack of ec	• • •			6-3
			TAL	2019 OCT 1
				CT
.				15
				PH 5.
If there are no member activities and affairs:	ers, enter the name and address		ed to wind up the lor	. ₩s. ——
	3605 CEDAR OAK DI	R UNIT 108, FORT MYE	ERS, FL, 33916	
				- · · ·
6. Signature of an autho listed above to wind up t	rized person or if there are no he company's activities and a	members, the signatur affairs:	e of the person appoin	nted and
	1/2/2019			
08/20/2019				
Signature		Printed Name		

FILING FEE: \$25.00