10/2/201B

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FLORIDA MULTISERVICES, INC.

Account Number : 120150000061 Phone : (786)290-3319

Fax Number

: (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FL Multisenvice , Q ya hoo Com

FLORIDA LIMITED LIABILITY CO. A & C GENERAL SERVICE GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS OCT 03 2018

A & C GENERAL SERVICE GROUP LLC 2101 NW 35th STREET MIAMI, FL 33142

October 2, 2018

Department of State

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of A & C GENERAL SERVICE GROUP LLC., Document No. L17000054768 is the same owner of the attached articles of organization. We have dissolved that LLC and have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,

EDUARDO COLLADO President

180002859103

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	A & C GENERAL SERVICE GR	OUP LLC	
SODJEC		Limited Liability Compa	noy
The encle	osed Articles of Organization and fee(s	are submitted for filing	
Please re	turn all correspondence concerning this	matter to the following:	
	EDUARDO COLLADO		
		Name of Person	•
	A & C GENERAL SERVICE GRO	ЛР LLC	
		Firm/Company	-
	2101 NW 35TH ST		****
		Address	Ü
	MIAMI, FL 33142		ω
	fimultiservices@yaboo.com	City/State and Zip Cod	
	E-mail address: (to be us	ed for future annual repo	ort notification)
For further	information concerning this matter, ple	ise call:	
	EDUARDO COLLADO	305 6316666	i
	Name of Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for the following amount:		
S125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing For Certified Copy (additional copy is e	Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Bex 6327 Tallahassee, FL 32314	Clifton Bu 2661 Exec	Section Corporations

H-18000 2859103

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A & C GENERAL SE	RVICE GROUP LI	LC	
(Must conta	in the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")
TICLE II - Address:	• •	•	
mailing address and street ad-	dress of the principa	l office of the Limit	ed Liability Company is:
Principa	l Office Address:		Mailing Address:
2101 NW 35TH ST		21	DI NW 35TH ST
Limited Liability Company of	cannot serve as its ov	e, & Registered Ag	AMI. FL 33142
TICLE III - Registered Ager	cannot serve as its ov tive Florida registra	e, & Registered Agention.)	AMI. FL 33142
TICLE III - Registered Ager the Limited Liability Company of ther business entity with an ac	cannot serve as its ov tive Florida registra	e, & Registered Agent tion.)	AMI. FL 33142
TICLE III - Registered Ager the Limited Liability Company of ther business entity with an ac	cannot serve as its over tive Florida registral ddress of the register	e, & Registered Agent tion.)	AMI. FL 33142
TICLE III - Registered Ager the Limited Liability Company of ther business entity with an ac	cannot serve as its over time Florida registra deless of the register EDUARDO COLL	e, & Registered Agent vn Registered Agent tion.) red agent are: ADO Name	AMI. FL 33142
TICLE III - Registered Ager the Limited Liability Company of ther business entity with an ec- e name and the Florida street ac	cannot serve as its over tive Florida registra diress of the register EDUARDO COLL 2101 NW 35TH ST	e, & Registered Agent vn Registered Agent tion.) red agent are: ADO Name	AMI. FL 33142 ent's Signature: You must designate an individual or
TICLE III - Registered Ager the Limited Liability Company of ther business entity with an ec- e name and the Florida street ac	cannot serve as its over tive Florida registra diress of the register EDUARDO COLL 2101 NW 35TH ST	e, & Registered Ag wa Registered Agent tion.) red agent are: ADO Name	AMI. FL 33142 ent's Signature: You must designate an individual or

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H 180002859103

Signature of a member or an authorized representative of a member.	se attachment if necessary) /: Effective date, if other than the date of filling: 10/01/	NW 35TH ST MI, FL 33142
2101 NW 35TH ST MIAMI. FL 33142 W: Effective date, if other than the date of filing: 10/01/2018 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will r nt's effective date on the Department of State's records. VI: Other provisions, if any. COUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	se attachment if necessary) V: Effective date, if other than the date of filling: 10/01/	NW 35TH ST MI, FL 33142
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Signature of a member or an authorized representative of a member.	OUIRED SIGNATURE:	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of Stat constitutes a third degree felony as provided for in s.817.155, F.S.	Signature of a member or an auti	orized representative of a member.
	I am aware that any false information sub	nitted in a document to the Department of State
FOLIARDO COLLADO	I am aware that any false information sub constitutes a third degree felony as provid	nitted in a document to the Department of State
EDUARDO COLLADO Typed or printed name of signee	I am aware that any false information sub constitutes a third degree felony as provide EDUARDO COLLADO	nitted in a document to the Department of State ed for in s.817.155, F.S.

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