

L18000232933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

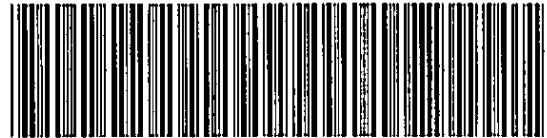
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2319

Office Use Only



600335298966

17 NOV 19 00:14:16 4935.01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 19 PM 3:10

*Dissolution (Inactive)*

NOV 21 2019

D CUSHING

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Team Ultimate 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:

Sherry Gomez  
(Name of Person)  
Team Ultimate LLC  
(Firm/Company)  
1476 SE Village Green Dr  
(Address)  
Port St Lucie FL 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Gomez at ( 772 ) 2155739  
(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

19 NOV 18 PM 3:10

FILED  
DIVISION OF STATE  
CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2019

SHERRY GOMEZ  
TEAM ULTIMATE LLC  
1476 SE VILLAGE GREEN DR  
PORT ST LUCIE, FL 34952

SUBJECT: TEAM ULTIMATE LLC  
Ref. Number: L18000232933

We have received your document for TEAM ULTIMATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 219A00022446

2019 NOV 18 PM 8:07

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Team Ultimate LLC

2. The Articles of Organization were filed on 10/2/18 and assigned

document number L18000232933

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).

I Decided to close the company.

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

Sherry Gomez

5882 NW Carove Ave

PL FL 34986

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:

Sherry Gomez  
Signature

Sherry Gomez  
Printed Name

**FILING FEE: \$25.00**

16 NOV 18 PM 3:10

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS