LIS 000 233996

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
		Or Oldicos
		
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: LAURENCE SADOWSKY (Name of Limited	PRESSURE WASHING LLC		
(Name of Enfined	Elaointy Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the	e following:		
· · · · · · · · · · · · · · · · · · ·	•		
LAUTENCE	SADOWSKY		
(Name o	of Person)		
LAUTENCE SADOWSKY /	ressure washing LLC		
6750 Chipper LANA	<u> </u>		
NURTH FORT MYERS,	FL 33917		
(City/State)	and Zip Code)		
For further information concerning this matter, please call:			
LANGE SAMUERIL	211. 215.3069		
LAUNUSE SADOWSKY (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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	LAURENCE SADDWSKY PRESSURE WASHING LLC
2.	The Articles of Organization were filed on
	document number <u>L 18000333994</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 12 31 2020 (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).
	DUE TO LACK OF BUSINESS AND COVID-19.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	LAURENCE SADOWSKY
	LAURENCE SADOWSKY 6750 Chipper LANC 3
	NORTH FORT MYERS, FL 33917 E
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and fisted by the company's activities and affairs:
	Signature Sand affairs: LAURENCE SADOWSKY Printed Name
	FILING FEE: \$25.00