

L19 000000 4227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

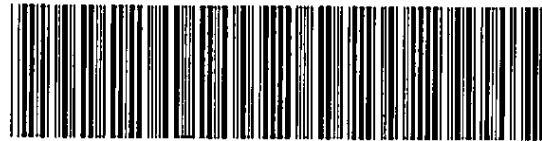
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/25/21--01023--002 **25.00

2021 FEB 25 AM 7:24

O SIMMONS

APR 27 2021

COVER LETTER

TO: Registration Section
Division of Corporations

Impressions Cleaning

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:

Kimberly Pauline

(Name of Person)

Impressions Cleaning

(Firm/Company)

4141 E 15th Street 224

(Address)

Panama City Florida 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Pauline

850

381-1547

at (

_____) _____

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
Impressions Cleaning

2021 FEB 25 AM 7:24

2. The Articles of Organization were filed on 02/04/2021 and assigned
document number L19000004227

3. The delayed effective date the dissolution if not effective on the date of filing: 02/04/2021
(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).
lost business due to Colvid 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: Kimberly Pauline

4141 E 15th St #224

Panama City FL 32404

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

Kimberly Pauline

Printed Name

FILING FEE: \$25.00