

L19000 053 125

(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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10/10/19--01015--002 **35.00

FILED
19 NOV 20 PM 2:00
STATE OF FLORIDA
TALLAHASSEE

NOV 21 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Team Cleaning of Florida 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:

Thomas Licata
(Name of Person)

Dream Team Cleaning of Florida LLC
(Firm/Company)

104 Flicker Way
(Address)

Daytona Beach FL 32117
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Licata at (561) 634-0565
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

Already cashed by you all.

☐ \$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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Dream Team Cleaning of Florida, LLC

2. The Articles of Organization were filed on 2/22/19 and assigned

document number L19000053125

3. The delayed effective date the dissolution is 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).

business was sold.

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

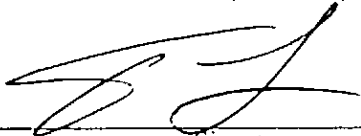
Thomas Licata

3832 Boulton Street

Port Orange, FL 32129

561-634-0565

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

Thomas Licata

Printed Name

FILING FEE: \$25.00

FILED
19 NOV 20 PM 2:00
STATE OF FLORIDA
CLERK OF THE COURT