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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone

: (786)845-8854

Fax Number

: (321)473-3052

LLC DISSOLUTION OR WITHDRAWAL **IYAR IMPORTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO:		ation Section n of Corporations								
SUBJE		TYAR IMPORTS LLC (Name of Limited Liability Company)								
30040	cı									
The enc	losed Ar	ticles of Dissolution and fee(s) are submit	ted for filin	ng.						
Please r	cturn all	correspondence concerning this matter to	the follow	ing:						
		JESSICA TORRES								
	(Name of Person)									
	1400 NW 107TH AVE STE 203									
(Firm/Company)										
		(Firm/Company) SWEETWATER FL 33172 (Address) JESSICA.TORRES@TAXCAREINC.COM								
	(Address) JESSICA.TORRES@TAXCAREINC.COM									
		(City/Sta	te and Zip (Code)						
For furt	her infor	mation concerning this matter, please call:								
	JESSIC	CA TORRES	7 at (86	845-8854					
(Name of Person)				e & Daytime Telephone Number)						
Enclosed	l is a chec	k 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)								
		z Address: ration Section		Address: stration S	ection					
Division of Corporations		Division of Corporations								
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810								
randinosco, i D 323 17			Tailahassee, FL 32303							

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is IYAR IMPORTS LLC								
2.	The Articles of Organization	on were filed on 03/05/2019		and assigned					
	document number L190000	55529							
3.	Note: If the date inserted in	the dissolution if not effects e date cannot be prior to or more this block does not meet the a ctive date on the Department of	than 90 days later than dat pplicable statutory filin	e document is receive					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).								
	CEASE OF ACTIVITIES		• •		ĭZE FCF	121 /			
	CEASE OF ACTIVITIES				E AR	ŲUS 12			
0	CEASE OF ACTIVITIES					呈			
						1: 02			
5.	If there are no members, en activities and affairs:	ter the name and address of	the person appointed	to wind up the co	mpany's	- -			
		1400 NW 107TH AVE ST	E 203			_			
		SWEETWATER FL 33172	<u>;</u>	7.7.1.7.1.		_			
6. ab	Signature of an authorized ove to wind up the company	person or if there are no me 's activities and affairs:	mbers, the signature of	of the person appo	inted and	- l listed			
٤	elleara Parri	0 ~	ILEANA CARRION			_			
	Stonature		Printe	d Name		-			

FILING FEE: \$25.00