L19000099123

(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:					

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24 SEP 20 PH 12: 02

COVER LETTER

то:	Registration Section Division of Corporations					
SURTE	Hydro Pump & Repair, LLC					
SUBJECT: (Name of Limited Liability Company)						
	losed Articles of Dissolution and fee(s) are submit	-				
Please re	eturn all correspondence concerning this matter to	the following:				
	Clayton Olesen					
	(Name of Person)					
	Hydro Pump & Repair, LLC					
	(Firm/Company)					
	5300 Old Winter Garden Rd.					
	(Addiess)					
	Orlando Florida 32841 (City/State and Zip Code)					
	(City Su	nte and Zip Code)				
For furtl	ner information concerning this matter, please cail	:				
	Clayton Olesen		722-6263			
	(Name of Person)	ar ([Area C	ode & Deytune Telephone Number)			
Enclosed	is a check for the following amount:					
	\$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & lopy (additional copy is enclosed)			
	Mailing Address:	Street Addres				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved finited hability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Hydo Pump & Repair, LLC		
Document number of Limited Liability Company is:	123	
Date of dissolution was:		
Description of information that must be included in a written el	aim:	435.76 H
The company was sold.	Service Control of the Control of th	2 <u>0</u>
		PH 12: 02
Mailing address where claims can be sent: (Claims cannot be se 5300 Old Winter Garden Rd. Orlando, Florida 3281)	ent to the Division of Corporations)	
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice	be barred unless a proceeding to enforce.	
Printed Name of the Person Filing	Clayfon Olean Shanaure of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

_	Signature		Printed Name
		Claus	m. Dlosen
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no members, the sign s activities and affairs:	nature of the person appointed and listed
	activities and affairs:	Clayton Olesen	
5.	If there are no members, ent-	er the name and address of the person ap Clayton Olesen	pointed to wind up the company's
	The company was sold		
	The company was sold.		
	The company was sold.	topy 605.0707 on back cover letter).	
4.	A description of occurrence	that resulted in the limited liability comp	pany's dissolution pursuant to section
	Note: If the date inserted in the	his block does not meet the applicable statute ive date on the Department of State's record	ory filing requirements, this date will not be
3.	The delayed effective date the	te dissolution if not effective on the date date cannot be prior to or more than 90 days later	of filing: 08/23/2024 than date document is received for filing)
	document number L1900009	9123	
2.	The Articles of Organization	were filed on	and assigned
٠.	Hirda Dunan & Dannie LLC		<u> </u>
1.	The name of a lunited liabili	ty company is	

FILING FEE: \$25.00