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## **COVER LETTER**

TO:

TO:	P: Registration Section Division of Corporations					
SHRIE		erez Tile and Remodeling LLC				
SUBJECT: (Name of Limited Liability Company)						
		rticles of Dissolution and fee(s) are submitt	•			
	Hector S Perez					
	(Name of Person)					
	Perez Tile and Remodeling LLC					
	(Firm/Company)					
	6817 Lakeville Road					
	(Address)					
	Orlando, FL 32818					
	(City/State and Zip Code)					
For furtl	her into	rmation concerning this matter, please call:				
Hector S Perez		or S Perez	407 300-4782 at ()			
		(Name of Person)	(Area Code & Daytime Telephone Num	ber)		
Enclosed	ł is a che	ck 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		stration Section ion of Corporations Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	• •	2020/12/22 AM 8:21				
2.	Perez Tile and Remodeling  The Articles of Organization	were filed on	and assigned				
3.	Note: If the date inserted in the	layed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days fater than date document is received for filing)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be as the document's effective date on the Department of State's records.					
	The Limited Liability Companion The Limited Liability Companion Co	that resulted in the limited liability company's copy 605,0707 on back cover letter).  By listed above is not longer in operations in the sylisted above is not longer in operations in the sylisted above is not longer in operations in the sylisted above is not longer in operations in the	e State of Florida				
5.	If there are no members, enter activities and affairs:	er the name and address of the person appointed.  Please send any claims, checks of questions.  Hector S Perez to the address 6817 Lakeville.	to				
6. ab	Signature of an authorized poove to wind up the company	erson or if there are no members, the signature s activities and affairs:	of the person appointed and listed				
	(Signature)	Hector S Perez	ted Name				

FILING FEE: \$25.00