

L19000 131563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

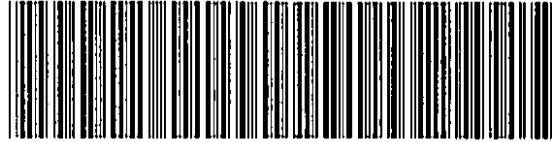
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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D. BRUCE
AUG 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 901 ES 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:

Evaristo Jimenez / Santos E. Mendez
(Name of Person)
[Signature] [Signature]
(Firm/Company)
1890 SW 9th ST.
(Address)
Miami, FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

Evaristo Jimenez at (954) 839 0352.
(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

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TALLAHASSEE, FL

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

1. The name of a limited liability company is 901 ES LLC.

2. The Articles of Organization were filed on 05/15/2019 and assigned document number L19000L31563.

3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2020
(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).
We do not need to continue with this LLC because of the fact that it never met our expectation. We never had or have any work, therefore we no longer need it.

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

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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

Evaresto Jimenez / Santos E Mendez

Printed Name

FILING FEE: \$25.00