

L19000 151962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

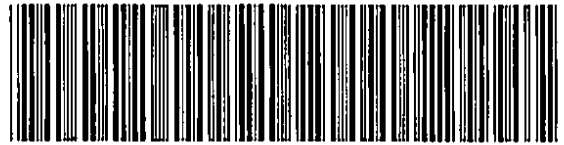
(Business Entity Name)

(Document Number)

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2020 APR -7 PM 3:02

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Claims Solutions 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:

Raquel Carnero
(Name of Person)
Claims Solutions, LLC
(Firm/Company)
4035 SW 108 Ave
(Address)
Miami, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel Carnero at 305 205-5622
(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

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

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2020 FEB - 7 PM 3:02

1. The name of a limited liability company is

Claims Solutions, LLC

2. The Articles of Organization were filed on 6/7/2019 and assigned

document number L19000151962

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/2020
(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).

Company is not producing profit
and is not being functional.

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

Raquel Canino
4035 SW 108 Ave
Miami, FL 33165

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:

Raquel
Signature

Raquel Canino
Printed Name

FILING FEE: \$25.00