

L19000 175 690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

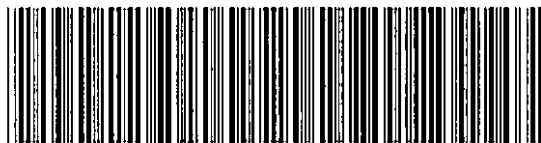
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900335475079

10/25/19--01012--012 **25.00

Effective date 11/1/19

FILED
STATE
CLERK OF COURTS
19 OCT 25 AM 9:28

Dissolution

NOV 15 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Maid All Natural Cleaning, 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:

Amy R. Frazer

(Name of Person)

Home Maid All Natural Cleaning, LLC

(Firm/Company)

311 Glynlea Road

(Address)

Jacksonville, FL 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy R. Frazer

(Name of Person)

at 904 236-6500

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CORPORATIONS
19 OCT 25 AM 9:28

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

1. The name of a limited liability company is

Home Maid All Natural Cleaning, LLC

2. The Articles of Organization were filed on 10/23/19 and assigned

document number L19000175690

3. The delayed effective date the dissolution if not effective on the date of filing: 11/1/19
(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).

I no longer want to run this business and no longer need to have an active license for this business.

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

Amy R. Frazer

311 Glynlea Road

Jacksonville, FL 32216

19 OCT 25 AM 9:29

DEPT OF STATE
CORPORATIONS

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

Amy R. Frazer

Printed Name

FILING FEE: \$25.00

To Whom It May Concern,

10/23/19

I, Amy Frazer, acknowledge that I want to dissolve the Florida Business Licence (Documnet # L 19000175690 for the business Home Maid All Natural Cleaning, LLC.

Thank you,

Amy Frazer