

h19 000198796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

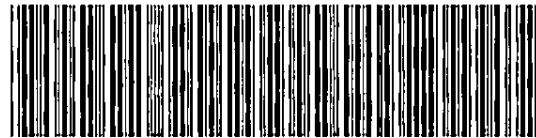
(Document Number)

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10/11/2021  
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2021 OCT -4 AM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Precision Painting of Cape Coral, 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:

Julienne Valmorbidia  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

18549 Winter Haven Rd  
(Address)

Fort Myers FL 33967  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julienne Valmorbidia at ( 239 ) 280-7156  
(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

FILED

2021 OCT -4 AM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FL 323

1. The name of a limited liability company is

Precision Painting of Cape Coral, LLC

2. The Articles of Organization were filed on 08/09/2019 and assigned

document number L19000198796

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

No need for the company. → Changed jobs

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

Julienne Valmorbida

18549 Winter Haven Rd.

Fort Myers FL 33967

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:

Julienne Valmorbida  
Signature

Julienne Valmorbida  
Printed Name

FILING FEE: \$25.00