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> O SIMMONS FEB 2 4 2022

Margarita Ruiz` 10724 Fairhaven Way Orlando, Fl 32825 Cell #: 407-953-9450

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Taxpayer ID Number: 84-3971171 Dissolution of Stormy Tracks, LLC

Dear Sir/Madam:

Attached please find my original signed request for dissolution of the abovenamed company. As requested this cover letter includes my name, address and telephone number for return of dissolution certificate.

Please advise if we there is anything else needed. Thank you.

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Stormy TMEKS, UC (Name of Limited Liability Company)			
Name of Limited	Liaomity Company)		
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.		
Please return all correspondence concerning this matter to the	following:		
Margarita (Name o	FRUIZ:		
Stormy TVACKS, LLC. (Firm/Company)			
12472 LANGE Underhill ROAD Suite 117 Corloando, Florida 32228 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MAGARITA I RUZ (Name of Person)	at (407) 953-94-50 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25,00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			
F.O. DOX 0347	X U327 THE CERTIC OF Farialiassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	2022 FEB 14 API 7: 45		
I.	The name of a limited liability company is		
	Stormy TWOCKS, LU SECRETARY OF STATE.		
2.	The Articles of Organization were filed on NOVE MRT 7, 2019 and assigned		
	document number <u>L19000 278549</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
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). 		
	Decided to close business due to 1901 OF SALE Mostly due to Covid		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
MARGARITA I Puis			
12472 Lake underhill Rd Suite 117			
	OFLAND, FI 30828		
6 a	. Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:		
Ā	MARGARITA I. RUIZ Printed Name		