

L19000306603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

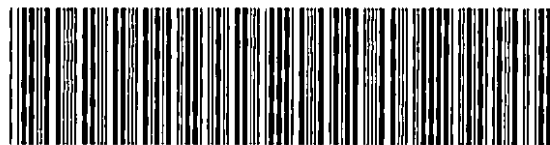
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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01/05/24--01015--013 ++25.00

2024 JUN -5 PM 9:59
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA RESIDENTIAL SERVICES 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:

LOPEZ ORLANDO DARIO
(Name of Person)

CENTRAL FLORIDA RESIDENTIAL SERVICES LLC
(Firm/Company)

8297 CHAMPIONSGATE BLVD # 458
(Address)

DAVENPORT FLORIDA 33896
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LOPEZ ORLANDO DARIO at (863) 438-7804
(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

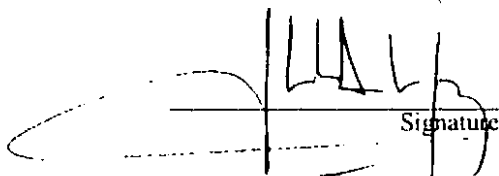
1. The name of a limited liability company is
CENTRAL FLORIDA RESIDENTIAL SERVICES LLC
2. The Articles of Organization were filed on 12-17-2019 and assigned
document number 119000306603
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2023
(effective date cannot 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).
FEW ACTIVITIES

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

8297 CHAMPIONSGATE BLVD # 458 DAVENPORT FLORIDA 33896

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

LOPEZ ORLANDO DARIO

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

2024 JAN -5 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00