## LZ0000006627

K.Wetterqvist 16207 NW 222 St. High Springs, FI. 32443
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Elling Office
Special Instructions to Filing Officer:

Office Use Only



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April 27, 2020

KARLA WETTERQVIST 16207 NW 222ND STREET HIGH SPINGS, FL 32643

SUBJECT: ERRANDGIRLZ 123 LLC

Ref. Number: L20000006627

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

**Division of Corporations** 

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Articles of Dissolution for a Florida limited liability company must comply with section 605.0707, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 620A00008652

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ErraydGirlz (Name of Limi	_ 123 LLC ted Liability Company)
The enclosed Articles of Dissolution and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
- Idarla li	Detterquist me of Person)
Errand C	TIT/Company)
10207 NW	2220d Street
High Springs	Florida 32643 ate and Zip Code)
For further information concerning this matter, please cal	l:
Name of Person)	1St at ( 352) 318-0764 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
The \$25.00 Filing Fee and Certificate of Dissolution The \$25 Check has already been Submitted	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Check # 3510  H12-2020  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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	ARTICLES OF DI FOR A LIMITED LIABILI		TOTO HAVE	
1. The name of a limited liabi			MO KAY 8 P	? ? ?
2. The Articles of Organization	on were filed on <u>Dec</u>	. 13, 2019	and assigned	
document number <u>L2</u>	000000000000000000000000000000000000000	7		
Note: If the date inserted in	the dissolution if not effecti e date cannot be prior to or more t this block does not meet the a ctive date on the Department of	han 90 days later than date do pplicable statutory filing re	ocument is received for filing)	t be
	e that resulted in the limited (copy 605.0707 on back con COYODAVIVUS COLVED	ver letter). 5, the bu		n
<ol><li>If there are no members, er activities and affairs:</li></ol>	nter the name and address of	the person appointed to	wind up the company's	
	16207 1	1W 372r	d St.	
	High Sp	rings Flo	orida	
			33(e43	
6. Signature of an authorized above to wind up the company	person or if there are no me is activities and affairs:	mbers, the signature of	the person appointed and li	isted
120 Qa Worte	rgvist	Karla U	Detterquist	f

FILING FEE: \$25.00