

L2 00000 9256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

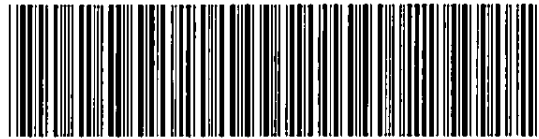
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500425687955

03/20/24--01018--003 **25.00

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2024 MAR 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERIKA 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:

ERIKA CARRILLO

(Name of Person)

(Firm/Company)

650 SW VIOLET AVE

(Address)

PORT SAINT LUCIE

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

ERIKA CARRILLO

(Name of Person)

754

204-0074

at

(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
ERIKA SERVICES LLC

2. The Articles of Organization were filed on 01/02/2020 and assigned
document number 1.20000009256

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).

NOT SUFFICIENT CLIENTS, NOT MAKING ANY PROFIT

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SECRETARY OF STATE
TALLAHASSEE, FL

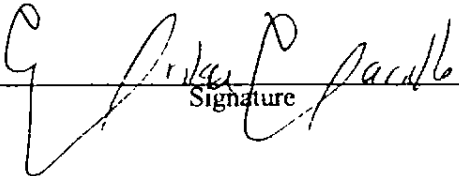
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

ERIKA CARRILLO

650 SW VIOLET AVE

PORT SAINT LUCIE FL 34983

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

ERIKA CARRILLO

Printed Name

FILING FEE: \$25.00

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: ERIKA SERVICES LLC

Document number of Limited Liability Company is: L20000009256

Date of dissolution was: 12/31/2023

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ERIKA CARRILLO

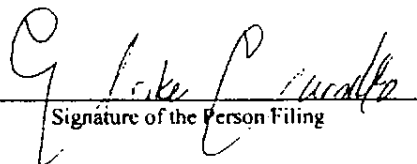
650 SW VIOLET AVE

PORT SAINT LUCIE FL 34983

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.

ERIKA CARRILLO

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