

L200000027900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

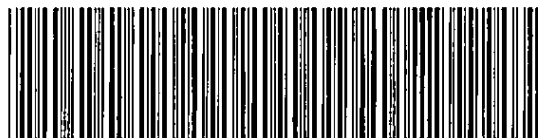
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600422265916

01/23/24--01014--001 **25.00

2024 JAN 23 PM 2:18
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIDENTIAL SERVICES MANAGEMENT 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:

GRACIELA DAVILA
(Name of Person)

RESIDENTIAL SERVICES MANAGEMENT LLC
(Firm/Company)

8297 CHAMPIONSGATE BLVD # 458
(Address)

DAVENPORT FLORIDA 33896
(City/State and Zip Code)

2024 JUN 23 PM 2:18
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GRACIELA DAVILA 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
RESIDENTIAL SERVICES MANAGEMENT LLC
2. The Articles of Organization were filed on 01-22-2020 and assigned
document number 1.20000027900
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.

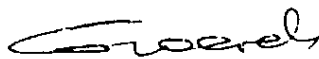
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

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: GRACIELA DAVILA

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

GRACIELA DAVILA

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

2024 JAN 23 PM 2:18

SECURITY

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SECURITY

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2024 JAN 23 PM 2:18

SECURITY

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

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SECURITY

2024 JAN 23 PM 2:18

SECURITY

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