

L200000060424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

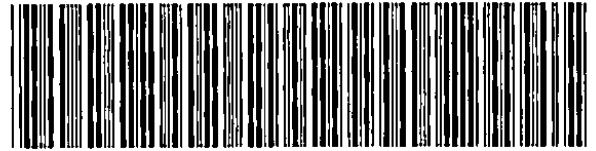
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: TRU-SHINE PRESSURE WASHING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cher Kleinschnitz

Name of Person

TRU-SHINE PRESSURE WASHING LLC

Firm/Company

1150 Malabar Rd Suite 111 #117

Address

Palm Bay, Florida 32907

City/State and Zip Code

tru.shine.pressurewashing.llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cher Kleinschnitz

321

446-1876

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

7:01 10/20/2020

1. The name of a limited liability company is

Tru-Shine Pressure Washing LLC

2. The Articles of Organization were filed on 02/24/2020 and assigned

document number L20000060424

3. The delayed effective date the dissolution if not effective on the date of filing: 10/20/2020

(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).

Covid happened and I don't have any business. I'm not making any money!

Covid happened and I don't have any business. I'm not making any money!

Covid happened and I don't have any business. I'm not making any money!

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

Cher N. Kleinschnitz

2485 Corey Rd.

Malabar, FL 32950

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

Cher Kleinschnitz

Printed Name

FILING FEE: \$25.00