L2000066945

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY SECRETARY FAIR

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COVER LETTER

	TO: Registration Section Division of Corporations					
CUDIFCT.						
SUBJECT: (Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.				
Please return	all correspondence concerning this matter to	the following:				
	Michael P Connors					
	(Name of Person)					
Gulfview Handyman Solutions LLC						
	(Firm/Company)					
	5037 N Beach Rd A					
	(Address)				
	Englewood FL 34223					
	(City/Sta	te and Zip Code)				
For further in	nformation concerning this matter, please call:	S 28				
Michael P Connors		941 800-8445 CF AUG				
	(Name of Person)	(Area Code & Daytime Telephone Number),				
Enclosed is a	check for the following amount:	See See See				
	i.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Crtified Copy (additional copy is enclosed)				
	illing Address:	Street Address:				
	gistration Section vision of Corporations	Registration Section Division of Corporations				
P.C	D. Box 6327	The Centre of Tallahassee				
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited li Gulfview Handyman Solu	· · · · ·			
2. The Articles of Organiz	ation were filed on March 9	9, 2020	and assigned	
document number L200	0006945			
Note: If the date inserted	ate the dissolution if not effective date cannot be prior to or not in this block does not meet the effective date on the Department.	he applicable statutory filing	C GOCCHINCITY IS ICCCLICATION	filing) will not be
4. A description of occurre 605.0707. Florida Statut	ence that resulted in the limes, (copy 605.0707 on back	nited liability company's d	lissolution pursuant to	section
COVID- 19		, 		
COVID- 19				
COVID- 19				<u>_</u>
This killed the business be	fore it even startedkept esse	ential worker job for stability	instead.	202
5. If there are no members	, enter the name and addre	ss of the person appointed	to wind up the comp	any s
activities and affairs:	Michael and Angela C	onnors		
	5037 N Beach RD A			TO TO
	Englewood, FL 34223		75 75	6: 5 0
6. Signature of an authorizabove to wind up the comp	red person or if there are no pany's activities and affairs	members, the signature of	of the person appointed	
Monno		Angela Connors		
Signature		Printe	ed 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:	Solutions LLC
Document number of Limited Liability Company is:	00066945
Date of dissolution was:	
Description of information that must be included in a writ	ten claim:
As soon as we started we were stopped in our tracks by COVID	0-19.
Which means we never even started.	
	2021 TA
Mailing address where claims can be sent: (Claims canno	t be sent to the Division of Corporations)
5037 N Beach RD	SS P
A	6: 5 F.F.
Englewood FL 34223	in on
A claim against the above named limited liability compan claim is commenced within 4 years after the filing of this	
	\mathcal{I}_{1}
Angela Connors	(dours
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