

L200000131629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

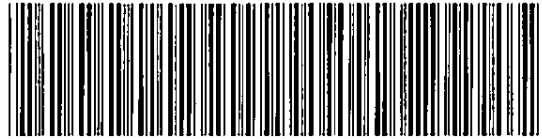
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000441588220

12/27/24--01021--021 **25.00

2024 JUN 17 11 53 AM
FEB 06 2025

FEB 06

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY CLOSING AGENT, 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:

PELAYO M. DURAN

(Name of Person)

LAW OFFICE OF PELAYO DURAN, P.A.

(Firm/Company)

6355 NW 36 ST., SUITE 307

(Address)

VIRGINIA GARDENS, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

PELAYO M. DURAN

(Name of Person)

305

266-9780

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
MY CLOSING AGENT, LLC
2. The Articles of Organization were filed on 05/19/2020 and assigned
document number L20000131629
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
THE LIMITED LIABILITY COMPANY HAS NEVER OPERATED.

THE LIMITED LIABILITY COMPANY HAS NEVER OPERATED.

THE LIMITED LIABILITY COMPANY HAS NEVER OPERATED.

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

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

PELAYO M. DURAN.

Printed Name

FILING FEE: \$25.00

2021 JUL 7 11:51:03