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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Decure and Number)		
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Certified Copies Certificates of Status		
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SECRETARY OF STATE
TALL ANALYSES

COVER LETTER					
	**O: Registration Section Division of Corporations				
SHR IECT	Tormes Law, PLLC				
SUBJECT: (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:					
	Jorge Tormes				
(Name of Person)					
Tormes Law, PLLC					
(Firm/Company)					
	1349 Spring Rd NW				
	(Address)				
	Washington, DC 20010				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Je	orge Tormes	305 562-0752 at ()			
_	(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

	A LIMITED LIADILITY COM	ANT	
The name of a limited lial Tormes Law, PLLC	bility company is		2022 MAR 21 SECRE FAR TALLAHAS
2. The Articles of Organizat	ion were filed on June 15, 2020	and assigned	AMII: 23
document number L20000	0159370		* 23
(effect Note: If the date inserted i	e the dissolution if not effective on the dat ive date cannot be prior to or more than 90 days late in this block does not meet the applicable statu fective date on the Department of State's recor	er than date document is received tory filing requirements, this	
4. A description of occurren 605.0707. Florida Statutes	ce that resulted in the limited liability cons, (copy 605.0707 on back cover letter).	npany's dissolution pursu	ant to section
The PLLC is closed. No long	ger taking clients and the sole memeber / own	er has a diffrent full time job).
5. If there are no members, of activities and affairs:	enter the name and address of the person a Jorge Tormes	appointed to wind up the c	company's
	1349 Spring Rd. NW		
	Washington, DC 20010		
6. Signature of an authorized above to wind up the comparation	d person or if there are no members, the siny's activities and affairs:	gnature of the person app	ointed and listed
loge for	Jorge Tormes		
Signature		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:
An invoice with a detailed accounting of the amount owed.
If the claim is based on a written contract a copy of the contract.
Name of person or entity making the claim, and address and phone number.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Jorge Tormes
1349 Spring Rd NW
Washington, DC 20010
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.
Jorge Tormes by
Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00