

L20000 192631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

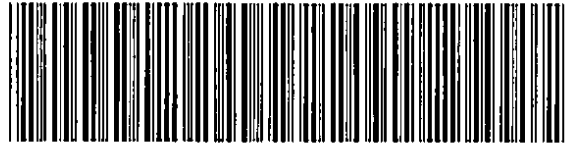
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 03/24--11:07--111 400433577024

2024 JUL 23 PM 1:53
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Fix it home repairs & Installations 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:

Ruben Martin Aguilar
(Name of Person)

(Firm/Company)

15900 SW 99 Ave
(Address)

Miami, Florida 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruben Aguilar
(Name of Person)

at (305) 608-7285
(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

Mr. Fix it home repairs & Installations LLC

2. The Articles of Organization were filed on 7/7/2020 and assigned

document number L20000192637

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).

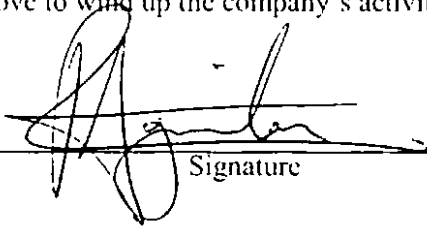
The business income slowly declined
which led to closure to avoid additional
loss in income.

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

N/A
NO appointed

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STATE OF FLORIDA

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

Ruben Aguilar
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: Mr Fix it home repairs & Installations LLC

Document number of Limited Liability Company is: L20000192637

Date of dissolution was: 7/9/24

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

Please be advised Mr Fix it Home
Repairs & Installations is no longer in
business.

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

15900 SW 99 Ave
Miami, FL 33157

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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.

Ruben Aguilar

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing