

L2000195325

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL
GLOBAL ECOMPANY LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL ECOMPANY 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:

JESSICA TORRES

(Name of Person)

TAX CARE FRANCHISE GROUP

(Firm/Company)

1400 NW 107TH AVE STE 203

(Address)

SWEETWATER FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

JESSICA TORRES

at (786) 845-8854

(Area Code & Daytime Telephone Number)

(Name of Person)

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
GLOBAL ECOMPANY LLC

2. The Articles of Organization were filed on 7/10/2020 and assigned
document number L20000195325

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).

CEASED OPERATIONS

CEASED OPERATIONS

CEASED OPERATIONS

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

1400 NW 107TH AVE STE 203

SWEETWATER FL 33172

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

EDWIN ALFREDO ROSA RIVERA

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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