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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: R 2 M X THE CLANING LL (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:			
Mayra Garria			
(Name of Person)			
114 KINWITH DYWL			
ADDRA FC 327/2			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Mayra Garcia a. 4A, 921-0275			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee and Certificate of Dissolution} \Begin{align*} \Begin{align*} \Delta \text{S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \end{align*}			

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

l.	The name of a limited liability company is O 2 M Atv o mo ((O m) n G
2.	The Articles of Organization were filed on $0.5/20$ and assigned
	document number <u>L2000.3</u> [3755
3.	The delayed effective date the dissolution if not effective on the date of filing: 413121 (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). IQCL OF DUSINESS CWE FO
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	21 APR
5.	If there are no members, enter the name and address of the person appointed to wind up the companess activities and affairs: MOUTO GAPCIO
	1/14 KINNOYAN Dr. SS SS
	APORA PC 32712
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Moura Garcia
	Signature Printed Name

FILING FEE: \$25.00