

L2000000329002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

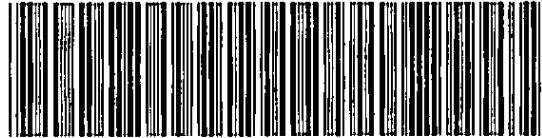
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/22--01041--019 +35.00

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2022 NOV 14 AM 8:33
FILING STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC's Sitting Services, 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:

Cecily Benga
(Name of Person)

CC's Sitting Services, LLC
(Firm/Company)

264 Larchwood Drive
(Address)

Largo, FL 33770
(City, State and Zip Code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Cecily Benga at (727) 424 4589
(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**

1. The name of a limited liability company is

CC's Sitting Services, LLC

2. The Articles of Organization were filed on 10/16/2020 and assigned

document number L200000329002

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).

Due to Covid I lost a lot of business,
and will be returning to a normal job.

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TALLAHASSEE, FL

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

Cecily Benga
264 Larchwood Drive
Largo, FL 33770

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:

Cecily Benga
Signature

Cecily Benga
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: CC's Sitting Services, LLC

Document number of Limited Liability Company is: L200000329002

Date of dissolution was: 10/31/2022

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

Dissolution is due to Covid shutting down my
businesses for 2 years. Had to get a real
and am staying with job. It has more and
steady income.

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CLERK OF COURT
STATE OF FLORIDA
CLERK OF COURT

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

Cecily Benga
264 Larchwood Dr
Largo, FL 33770

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.

CECILY BENGA

Printed Name of the Person Filing

Cecily Benga

Signature of the Person Filing