120000345311

(Red	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Books & And Takes LLC (Name of Limited Liability Company)					
(Name of L	imited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are sul	bmitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Gernand	(Name of Person) Secro (nc				
	(Name of Person)				
Doble	Serro Inc				
	(Firm/Company)				
4099 Tami	ani to N Ste 403				
Maples FL	(Address) 34103				
(Cit	y/State and Zip Code)				
For further information concerning this matter, please	call:				
(Name of Person)	954, 999 2300				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount: V/A -	· paid				
☐ \$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	Street Address: Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DISSOL	UTION		
DOCUMENT NUM	L20000345311		
The enclosed Notice	e of Limited Liability C	Company Dissolution and	fee are submitted for filing.
Please return all cor	respondence concerning	this matter to the following	าช:
FERNANDO TORRES			
	(Name of C	Contact Person)	
<u> </u>	(Firm	/Company)	
4099 TAMIAMI TRL S	N STE 403		
	(Ad	ldress)	
NAPLES FL 34103			
	(City/State	e and Zip Code)	
For further informat	ion concerning this matt	er, please call:	
FERNANDO TORRES		at (954 9992	30
(Name of	Contact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amour	nt:	
■\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$60 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Street Address:			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

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.

ame of Limited Liability Company:	
ocument number of Limited Liability Company is:	
ate of dissolution was:	
escription of information that must be included in a written claim:	
	
7/45	
lailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
4099 TAMIAMI TRL N STE 403	
NAPLES FL 34103	
claim against the above named limited liability company will be barred unless a proceeding to enforcemented within 4 years after the filing of this notice.	te the claim i
IT-1	
Printed Name of the Person Filing Signature of the Person Filing	

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ne name of a limited liability o	and X	Taxes	LLC		
— 2. Th	ne Articles of Organization we	re filed on	0/30/2020) aı	nd assigned	
do	ocument number	LZ0000	34 5711		,	
N	ne delayed effective date the d (effective date (ote: If the date inserted in this b sted as the document's effective	cannot be prior to o lock does not mee	t the applicable sta	ater than date doct tutory filing requ	9/30/2022 iment is received for fi airements, this date of	ling)
4. A 60.	description of occurrence that 5.0707, Florida Statutes, (cop	v 605.0707 on bi	imited liability co tek cover letter).			section
.,						
_						
	there are no members, enter tellivities and affairs:	he name and add	d Trices	appointed to v	wind up the compa	
	_	4099	tamani	tol N	Ste 403	
		Naple	od Torres tamani	107		
6. S abov	ignature of an authorized persect to wind up the company's a	on or if there are ectivities and affa	e no members, the tirs:	signature of th	ne person appointed	i and listec
	NX			Printed N	torres	
	Signature			rimed r	varric	

FILING FEE: \$25.00