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STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUALITY SERVICES RESEARCH 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:

TALIA B MARTINEZ RODRIGUEZ

\_\_\_\_\_  
(Name of Person)

TCM QUALITY SERVICES

\_\_\_\_\_  
(Firm/Company)

2804 DEL PRADO BLVD. S. SUITE 106

\_\_\_\_\_  
(Address)

CAPE CORAL, FL 33904

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TALIA B MARTINEZ RODRIGUEZ

\_\_\_\_\_  
(Name of Person)

786

342-9555

at (\_\_\_\_\_) \_\_\_\_\_

(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  
QUALITY SERVICES RESEARCH LLC

2. The Articles of Organization were filed on 01/13/2021 and assigned  
document number 1.21000030384

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2022  
(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).

Voluntary dissolution because the company is not growing, expanding and/or performing the service

for which the company was created.

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

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:

T Martinez 12/31/2022

Signature

Talia B Martinez Rodriguez

Printed Name

**FILING FEE: \$25.00**

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