# K21000 118744

(Re	questor's Name)		
(Ad	dress)		
	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
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### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: 24 HOUR OFFERS LOW (Name of Limite	nllc.	
(Name of Limite	ed Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitt	ed for tiling.	
Please return all correspondence concerning this matter to	the following:	
Kimberly Leszca	Zynski	
24 Hour offers, Lov	mHLC.	
(1	e vanpan; /	
<del>129272</del> 12472	Lake underhill road #150	
Oriando/Fiorida	32828	
(City/Sta	te and Zip Code)	
For further information concerning this matter, please call:		
Kimberly Leszczynski	at (586), 822 3719	
(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:	Street Address: Registration Section	
Registration Section Division of Corporations	Division of Corporations	
P.O. Box 6327	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 74H0010FFCTS. Com	
2.	The Articles of Organization were filed on 03   12   2621 and assigned	
	document number L21000118744	
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 n listed as the document's effective date on the Department of State's records.	
A	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section	9999
4.	605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
		. i.j.: 31
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
	Kimberly Leszczynski	
	586-822-3719 Orlando, FL	14 HIS 328 28
6	Signature of an authorized person or if there are no members, the signature of the person appointed and	
at	ove to wind up the company's activities and affairs:	-
1	instruction Kimberly ieszczynski.  Printed Name	
	FILING FEE: \$25.00	<u>(6</u>

### **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: 24 Hour Offers. Comb.	_
Document number of Limited Liability Company is: L21000118744	_
Date of dissolution was: Never US-d.	
Description of information that must be included in a written claim:	
Had Zero Time Unfortunable to	
Werer opened a Sank account	- در
- Never opened a Sank account	<b>-</b> •
	-
	-
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  12472  12414   GKE Under Hill road # 152  Orlando, FLorida 32828	

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.

Kimberly Leszczynski Printed Name of the Person Filing

Signature of the Person Hing

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