

L21 000 175 389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

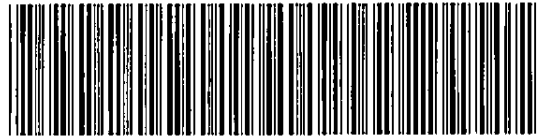
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 APR -6 AM 9:15

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Creating Solutions for People with Disabilities 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:

John Rivera

(Name of Person)

Creating Solutions for People with Disabilities LLC

(Firm/Company)

1795 SE 8th Place

(Address)

Florida City, FL 33034

(City/State and Zip Code)

For further information concerning this matter, please call:

John Rivera

(Name of Person)

646

529- 8938

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  
Creating Solutions for People with Disabilities LLC

2. The Articles of Organization were filed on April 15th 2021 and assigned  
document number L21000175389

3. The delayed effective date the dissolution if not effective on the date of filing: March 29th 2023  
(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).

Owner would like to convert Creating Solutions for People with Disabilities LLC into a 501c3 organization.

Owner would also like to keep to same business name for the 501c3.

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

1795 SE 8th Pl.

Florida City, FL 33034

2023 APR -6 AM 9:15  
FILED  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

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:



Signature

John Rivera

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: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

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

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

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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.

\_\_\_\_\_  
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**

# GENERAL AFFIDAVIT

STATE OF Florida

COUNTY OF Miami-Dade

PERSONALLY came and appeared before me, the undersigned Notary, the within named John Rivera, who is a resident of Miami- Dade County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

I, John Rivera, agrees **NOT** to conduct business as "Creating Solutions for People with Disabilities LLC" while the State of Florida officially dissolves the current LLC. I John Rivera would also like to transfer the same business name to create a Non Profit 501c3 organization.

DATED this the 29<sup>th</sup> day of MARCH, 2023

[Signature]

Signature of Affiant

SWORN to subscribed before me, this 29<sup>th</sup> day MARCH, 2023

[Signature]  
NOTARY PUBLIC

My Commission Expires:

Nov 26, 2023

