L21000242359

(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:	
57 5-16-23	

000403183050

03/05/23--01008--017 ++25.00

FILED 2023 HAR -6 AM 10: 00 SECRETARY OF SIME FALLAHASSEE, FUCKION

Office Use Only

COVER LETTER

TO: **Registration Section** Division of Corporations -C SUBJEC of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

relling, 561(Area Code & Davtime Telephone Number) (Name of Person)

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

.

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION	FILED	
A LIMITED LIABILITY COMPANY		
	2023 MAR - 6 AM 10= 00	
1. The name of a limited liability company is Florida Specialty Rentals	LEERETARY OF STATE	
2. The Articles of Organization were filed on 05/25/21	and assigned	
document number <u>L21000242359</u>		
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 do <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing re- listed as the document's effective date on the Department of State's records.	scament is recorded for thing,	
4. A description of occurrence that resulted in the limited liability company's dise 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The discourt on rs howe on	the deasion	
to do not start any type a reutal		
of the equipment we pi	chased, personal	
decision to do different	type a business.	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:		
activities and affairs: <u>Maurial Marcellino</u> 2844 NE 26th Ave	2. Lighthouse point	
Michael Marcell	ino 7133024	
3343 POrt Rojal Dr	ives unit 209	
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:		
Marta I Marcellino Marto		
Signature Printed	aname	

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FILING FEE: \$25.00