

121 000 291526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

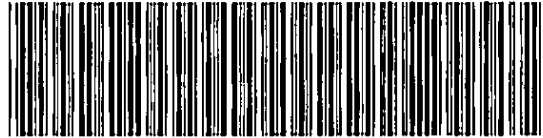
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100388612401

05/31/22--01019--020 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 31 PM 4:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&N Pet Empire 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:

Jose I Gutierrez
(Name of Person)
A&N Pet Empire LLC
(Firm/Company)
9255 SW 42 St Apt 303
(Address)
Miami FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Gutierrez at (786) 399 6808.
(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:

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

FILED

2022 MAY 31 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

A&N Pet Empire LLC

2. The Articles of Organization were filed on 6/23/21 and assigned

document number L21000291526

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 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).

Business did not occur.

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

Jose I Gutierrez

Alara C. Cortina

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

Jose I Gutierrez

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: AdN Pet Empire

Document number of Limited Liability Company is: L21000291526

Date of dissolution was: 3/23/22

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

We never functioned - Business
did not own.

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

9255 SW 42 St
Miami FL 33165

FILED
2022 MAY 31 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Jose I. Gutierrez
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing