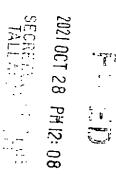
L21000213510

(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:				
605.0209(5)				

Office Use Only



000374816110





COVER LETTER

TO:

	tion Section of Corporations		
SUBJECT:	DRYCLEANING SERVICE B	Y WADE	
	(Name of Limi	ted Liability Company)	
	icles of Dissolution and fee(s) are submi		
		E GINGERICH	
- -	(Na	me of Person)	
-			2021 OCT
	(Fir	m/Company)	
	3001 PINE	TREE DRIVE	. 28
-		(Address)	
_	BONITA SF	PRINGS, FL 34134	PH 12: UO
	(City/St	ate and Zip Code)	. 0
For further inform	nation concerning this matter, please call	:	
	DANIELLE GINGERICH	at (239) 888.6761	
	(Name of Person)	(Area Code & Daytime Telephone Number	r)
Enclosed is a check	for the following amount:		
	fing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Registra Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, 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	ty company is
DRYCLEA	NING SERVICE BY WADE
2. The Articles of Organization	were filed on 6.24.21 and assigned
document number#L210	000293510
(effective of Note: If the date inserted in the	e dissolution if not effective on the date of filing: 6.24.21 late cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be ive date on the Department of State's records.
4. A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
THIS LLC WAS FRAUD	ULENTLY CREATED. I DID NOT FORM THIS, FILE THIS OR DO
I HAVE ANY PART OF I	T'S CREATION/BUSINESS. I DID NOT CONSENT TO MY
NAME OR ADDRESS BI	EING USED FOR THIS AND WISH THAT IT BE DISSOLVED
FOR THOSE REASONS.	
5. If there are no members, ente	r the name and address of the person appointed to wind up the company's
activities and affairs:	DANIELLE GINGERICH
	3001 PINE TREE DRIVE, BONITA SPRINGS, FL 34134
	239.888.6761
 Signature of an authorized peabove to wind up the company's 	rson or if there are no members, the signature of the person appointed and listed activities and affairs:
Signature C	DANIELLE GINGERICH Printed Name
<u> </u>	FILING FEE: \$25.00
	7
	$\sim 10^{-1}$