

L21000298690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

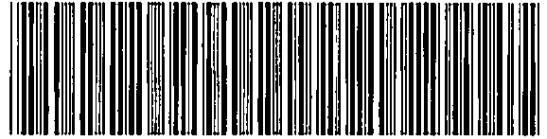
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600379604776

600379604776
11716/21--01017--001 **30.00

FILED
2022 JAN - 6 PM 3:07
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER
JAN 20 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FL

December 8, 2021

ERNEST MCKAY
18820 NW 41 AVE
MIAMI GARDENS, FL 33055

SUBJECT: EM EXPRESS MAINTANECE GROUP LLC
Ref. Number: L21000298690

We have received your document for EM EXPRESS MAINTANECE GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have two different document number if you want to dissolve one of them you need to articles of dissolution form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00029574

COVER LETTER

WRONG ONE

TO: Registration Section
Division of Corporations

SUBJECT: EM EXPRESS MAINTANECE GROUP LLC
(Name of Limited Liability Company)

Reinstated one is: EM EXPRESS MAINTENENCE GROUP LLC

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

Please return all correspondence concerning this matter to the following:

ERNEST MCKAY
(Name of Person)
Dissolve → EM EXPRESS MAINTANECE GROUP LLC
Reinstated → EM EXPRESS MAINTENENCE GROUP LLC
(Firm/Company)

18820 NW 41st Ave.

(Address)

MIAMI GARDENS, FL. 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST MCKAY at (754) 217-9557
(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

1. The name of a limited liability company is

EM EXPRESS MAINTANece Group LLC

2. The Articles of Organization were filed on 06/29/2021 and assigned

document number L21000298690

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).

I was trying to Reinstate my original
LLC but made a mistake & spelled the
name wrong.

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

ERNEST MCKAY

18820 NW 41st AVE

MIAML GARDENS, FL. 33055

(754) 217-9557

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:

Ernest McKay
Signature

ERNEST MCKAY
Printed Name

FILING FEE: \$25.00

FILED
2021 JUN 30 PM 3:37
CLERK OF STATE
TALLAHASSEE, FL

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:

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

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