

L21000299959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

10-27-2021
Second Request

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROFESSIONAL TAX PREPARATION LLC
Account Number : I20210000081
Phone : (407)933-4211
Fax Number : (407)679-0387

FILED
2021 SEP -3 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
ALL KIND HOME SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Kind Home Services 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:

Evelyn A. Samayoa
(Name of Person)

All Kind Home Services LLC
(Firm/Company)

1935 Harbor Bay Ct Apt 2
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn A. Samayoa at ()
(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

All Kind Home Services LLC

2. The Articles of Organization were filed on 6.29.2021 and assigned

document number L21000299959

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).

Closed Company

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

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:

Edu C. Samayoa
Signature

Edu A Samayoa
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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