L21000 310 786

(Day and de Marce)
(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:
Special instructions to 7 imig officer.

Office Use Only



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2023 APR -4 AM 9: 30

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

121Vision of Corporations)
SUBJECT: Schleman (Name of Limi	ressure Washing LLC red Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit Please return all correspondence concerning this matter to	-
Catherine (Name	Schleman. me of Person)
Schleman Pressu	tre Washing LLC
7407 Becky	That chev Ln.
ampa, 71 (City/Sta	ate and Zip Code)
For further information concerning this matter, please call	:
Catherine Scillemain (Name of Person)	v at (S13) SUL - 9258 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$\frac{\sqrt{525.00}}{\sqrt{525.00}}\$ Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Schleman Pressure Washing ILC.
2.	The Articles of Organization were filed on 07-09-2021 and assigned
	document number 121000310786
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).
	no businers
	health issues
	023 A
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Catherine Schlewan Thore Becky the file of the person appointed to wind up the company's activities and affairs:
	Tampa, 71. 33637
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
<u> </u>	ochemie Suleman (atherine Sul)eman Signature Printed Name

FILING FEE: \$25.00