

K21 000 316401

(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



300381082363

02/07/22--01041--012 **55.00

2022 MAR -8 AM 11:20
CLERK OF STATE
TALLAHASSEE, FL

FILED

C. BRUMBLEY
MAR - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations
Greentek Power Solutions, LLC

SUBJECT: _____
(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:

MARTHA C SILVA

(Name of Person)

Greentek Power Solutions, LLC

(Firm/Company)

7361 NW 78 Street

(Address)

Medley, FL 33166

(City/State and Zip Code)

RECEIVED

2022 MAR -8 PM 12:07

STATE
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Martha C. Silva

786

302-9534

(Name of Person)

at (

_____) _____
(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
Greentek Power Solutions, LLC

2. The Articles of Organization were filed on 07/12/2021 and assigned
document number L21000316401

3. The delayed effective date the dissolution if not effective on the date of filing: 01/27/2022
(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 never open.

Business never open.

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

Martha C. Silva

7361 NW 78 ST

Mechley FL 33160

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

Martha C. Silva

Printed Name

FILING FEE: \$25.00

2022 MAR -8 AM 11:20
FILED
DEPT. OF STATE
TALLAHASSEE, FL