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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 SEP 24 PM 12:08
SECTION 17073
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro-mold Restoration 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:

Jairo Rizo Rocha
(Name of Person)

Pro-mold Restoration LLC
(Firm/Company)

1431 NW 197th St
(Address)

Miami gardens, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Jairo Rizo Rocha at 786, 694 6019
(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

Pro-mold Restoration LLC

2. The Articles of Organization were filed on 7/28/2021 and assigned

document number L21000342010

3. The delayed effective date the dissolution is not effective on the date of filing: 9/08/2021
(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).

not able to start company due to Covid-19
and other personal issues.

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

Jairo Rizo Rocha

1431 NW 197th St

Miami Gardens, FL

33169

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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:

Jairo Rizo Rocha
Signature

Jairo Rizo Rocha
Printed Name

FILING FEE: \$25.00