

# L21 000 359 476

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

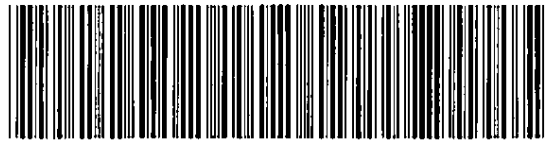
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 14 2024  
1:40 PM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

EFFICIENT PRECAST WALLS 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:

Sergei Luzginov

\_\_\_\_\_  
(Name of Person)

EFFICIENT PRECAST WALLS LLC

\_\_\_\_\_  
(Firm/Company)

8638 LEOPOLD AVE

\_\_\_\_\_  
(Address)

North Port FL 34287

\_\_\_\_\_  
(City/State and Zip Code)

2007 FEB 14 PM 1:40  
FILED  
CLERK OF COURT  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sergei Luzginov

941

7865669

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  
8638 LEOPOLD AVE

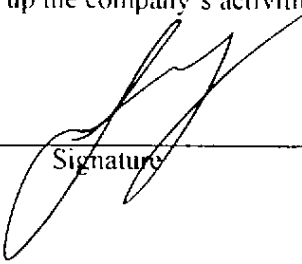
2. The Articles of Organization were filed on Aug 10, 2021 and assigned  
document number L21000359476

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).  
This business no longer operating due to personal changes.

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

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

Sergei Luzginov  
Printed Name

**FILING FEE: \$25.00**