

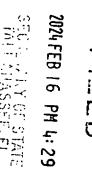
(Re	questor's Name)	
(Ad	dress)	
(6.1		
(AO	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D)	-i C-tie-tie-	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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02/16/24--01002--010 **25.00



COVER LETTER

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TO: Registration Sec Division of Cor							
	APPLIANCE REPAIR LLC						
SUBJECT:(Name of Limited Liability Company)							
	Dissolution and fee(s) are submit ondence concerning this matter to						
PHILII	'SMITH						
	(Nan	ne of Person)					
OMEG	OMEGA APPLIANCE REPAIR LLC						
	(Firm/Company)						
2518 B	2518 BURNSED BLVD, UNIT 311						
	(Address)					
THEV	ILLAGES, FL 32163						
	(City/Sta	ite and Zip Code)					
For further information c	oncerning this matter, please call:						
РНПЛР ЅМГТ	+	94] 769-4600 at ()					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the	following amount:						
D \$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		Street Address: Registration Section					
Division of C	'orporations	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		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 liabili OMEGA APPLIANCE REPAI		5					
2.	The Articles of Organization	were filed or	n DECEMBER	28, 2022	and assi	gned		
	document number 1.2200000	95895						
3.	The delayed effective date the (effective effective) Note: If the date inserted in the listed as the document's effective as the document's effective date.	nis block does i	not meet the app	licable statutory fili	ane document is	received to	or filing) se will no	nt be
4.	A description of occurrence 605.0707, Florida Statutes, (c BUSINESS CLOSING DUE To	opy 605.0701	7 on back cove	r letter).		pursuant t	o sectio	n
						,) !	2021	
							FEB	77
						SVI C	16 P	
5.	If there are no members, enter activities and affairs:	er the name at		ne person appoint	ed to wind up	the com	par g s	
		2518 BURNSED BLVD, UNIT 311						
		THE VILLA	GES, FL 32163		····· <u> </u>			
	Signature of an authorized pove to wind up the company			bers, the signature	e of the perso	n appoint	ed and I	isted
4	Shoff In	A	PĮ	HILIP SMITH				
	Signature				ited Name			
	Jul Smith)	FILING FEE:	\$25.00				