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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 FEB 16 PM 4:29
SEC. CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMEGA APPLIANCE REPAIR 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:

PHILIP SMITH

(Name of Person)

OMEGA APPLIANCE REPAIR LLC

(Firm/Company)

2518 BURNSED BLVD, UNIT 311

(Address)

THE VILLAGES, FL 32163

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP SMITH 941 769-4600

(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
OMEGA APPLIANCE REPAIR LLC
2. The Articles of Organization were filed on DECEMBER 28, 2022 and assigned
document number 1.22000005895
3. The delayed effective date the dissolution if not effective on the date of filing: JAN 15, 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 CLOSING DUE TO UNSTABLE MARKET & ECONOMIC CONDITION

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

2518 BURNSED BLVD, UNIT 311

THE VILLAGES, FL 32163

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

PHILIP SMITH

Printed Name



FILING FEE: \$25.00

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TALLAHASSEE FL
STATE