

L 220000026507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

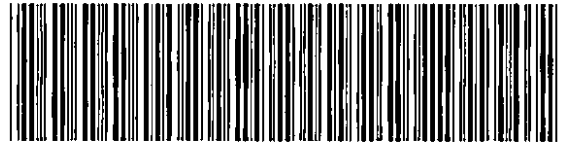
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/24--01715--024 **6.75.00

2024 JAN 10 AM 8:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAUL SANTOS, PLLC

(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:

PAUL SANTOS

(Name of Person)

(Firm/Company)

12417 GOLDEN SAGE DRIVE

(Address)

SARASOTA, FLORIDA 34238

(City/State and Zip Code)

2021 JAN 10 AM 9:56
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PAUL SANTOS

(Name of Person)

941

914-7538

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
PAUL SANTOS, PLLC

2. The Articles of Organization were filed on 01/27/2022 and assigned
document number 1.22000026507

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).
I am no longer practicing real estate and voluntarily ceased my business. I have voluntarily
placed my Florida Real Estate License (SL3504419) in Inactive Status with DBPR.

SECRET
2024 JUN 10 AM 8:56

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
PAUL SANTOS
12417 GOLDEN SAGE DR
SARASOTA, FL, 34232

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

Paul Santos
Printed Name

FILING FEE: \$25.00