

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

L22000112498

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000118536 3)))



H220001185363ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**LLC DISSOLUTION OR WITHDRAWAL**  
**LAYER CLOUD NINE TECHNOLOGIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 MAR 31 PM 3:10

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

SECT. 607 OF STATE  
 FALL 11/2000, FLORIDA

2022 MAR 31 AM 9:56

FILED

**T. LEMIEUX**  
 APR - 1 2022

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
LAYER CLOUD NINE TECHNOLOGIES LLC

2. The Articles of Organization were filed on 3/18/2022 and assigned  
document number L22000112498

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).  
company no longer needed

company no longer needed

company no longer needed

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

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

ALEJANDRO CANTU

Printed Name

FILING FEE: \$25.00

FILED  
2022 MAR 31 AM 9:56  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA