## L22000173198

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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## **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN	
	PI	CK UP: 5/18 DANNY	
	CERTIFIED COPY		
XX	PHOTOCOPY CUS		
XX	FILING	DISSOLUTION	
	POLISHT RECOVERY		File 15t
	(CORPORATE NAME AND DO	CUMENT #)	
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## **COVER LETTER**

	ition Section n of Corporations						
POLISHT recovery concierge llc							
SUBJECT:	(Name of Limite	ed Liability Company)					
	(Manie of Billing	a Buomy Company)					
The enclosed Art	ticles of Dissolution and fee(s) are submitt	ed for filing.					
Please return all	correspondence concerning this matter to	the following:					
	Christen Abbott						
	(Nan	ne of Person)					
	(Fire	n/Company)					
6700 nw 27th ave #470732							
		Address)					
	Miami Florida 33147	,					
	(City/Sta	te and Zip Code)					
	(City) Sia	ce and 21p Code)					
For further infor	mation concerning this matter, please call:						
Christen abbott		732-7981					
	25	at ( <u>678</u>					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a chec	k 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:	STREET/COURIER ADDRESS:					
	Registration Section	Registration Section					
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

i.	The name of a limited liability company POLISHT recovery	yis concierge llc		<del></del> '
2.	The Articles of Organization were filed	on	and assigned	
	document numberL 3a_0001		04-27-2022	
3.	The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block dollisted as the document's effective date on	es not meet the applicable statu	itory filing requirements, this date	r filing) e will not be
4.	A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0	J/U/ OII DACK COVER Tetter).		to section
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5.	i. If there are no members, enter the name	ne and address of the person	appointed to wind up the con	npany's
	activities and affairs:		<b>6</b> -10	
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				π <u>Γ</u>
	<del></del>			t
			(1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	-
ı	6. Signature of an authorized person or listed above to wind up the company's a	if there are no members, the activities and affairs:	signature of the person appoi	o nted and
	Asser	Christen	abbott	
	Signature		Printed Name	

**FILING FEE: \$25.00**