

L22 000180744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

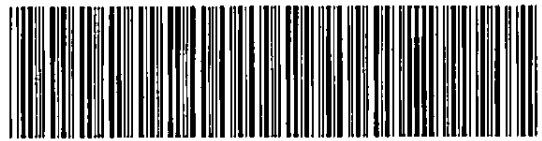
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/19/22--E1214--005 \*\*25.00

FILED  
2023 APR 10 AM 10:41  
CLERK OF SUPERIOR COURT  
JANUARY 11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: At Ease Home Watch Services L.L.C  
(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:

Charlotte Weller  
(Name of Person)

Charlotte Weller  
(Firm/Company)

4316 NW 24th Ter  
(Address)

Cape Coral, FL 33993  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Charlotte Weller at (252) 571-5072  
(Name of Person) (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

At Ease Home Watch Services L.L.C.

2. The Articles of Organization were filed on 4-14-22 and assigned

document number

67200180744

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).

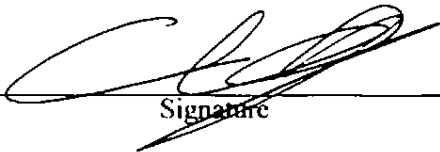
Covid diagnosis and being a disabled  
Veteran limited me on my business ventures  
etc.

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

activities and affairs:

Charlotte Weller

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

CHARLOTTE WELLER  
Printed Name

**FILING FEE: \$25.00**

FILED  
2022 APR 10 AM 10:41  
TALLAHASSEE, FL  
CLERK OF THE COURT