L22000290119

| (Red | questor's Name) | | | |
|---------------------------|-------------------|-----------|--|--|
| | | | | |
| (Add | dress) | | | |
| (Àdc | dress) | | | |
| (Cit) | y/State/Zip/Phone | ∋ #) | | |
| | | MAIL | | |
| (Bus | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to F | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Office Use On | | | |

t

300405177393

03/24/23--01003--015 **25.00

FILED 2023 JUN 27 PM 1: 45 SECRETARY OF 5 212 TALLANKS OF 5 212

loca

JUN 2 9 2023 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations

.

SUBJECT: LLC DISSOLUTION

DOCUMENT NUMBER: _____

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA PENA

(Name of Contact Person)

TIME BUSINESS SERVICES LLC

| (Firm/Company) | | | 202: 5 E C | | | | | |
|--|---|---|---|--|--|--|--|--|
| 1721 BEAR BAY CV | | | | | | | | |
| | (Ad | ldress) | 27 | | | | | |
| ORLANDO, FL 32824 | | | | | | | | |
| | (City/Stat | e and Zip Code) | | | | | | |
| For further information | tion concerning this matt | er, please call: | | | | | | |
| PATRICIA PENA | | at () | 8016 | | | | | |
| (Name of | Contact Person) | | Daytime Telephone Number) | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| ■\$25 Filing Fee | □\$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F | ection prporations Tallahassee oe Street, Suite 810 | | | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2023

PATRICIA PENA 1721 BEAR BAY CV ORLANDO, FL 32824

SUBJECT: FASUAREZ LLC Ref. Number: L22000290119

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 623A00013085

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is FASUAREZ LLC

2. The Articles of Organization were filed on ______ and assigned ______ and assigned

document number ______

- 3. The delayed effective date the dissolution if not effective on the date of filing: <u>06/26/2022</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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.I.C DISSOLUTION. THE COMPANY DIDN'T OPEN ACTIVITY

| | | <u> </u> | SECRET | أرار |
|----|--|---|---------------------------------|------|
| 5. | If there are no members, em activities and affairs: | er the name and address of the person appointed to v SERGIO A SUAREZ PRADA | | |
| | | | · · · · · · · · · · · · · · · · | |

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:

Sergio Suarez Signature

SERGIO SUAREZ

Printed Name

FILING FEE: \$25.00