## L22000 298 990

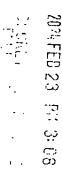
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,1000 2,111, 110,110)
(Document Number)
(Boodinest Hamber)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:





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02/28/24--01018--013 \*\*25.00



## **COVER LETTER**

Division of Corporations	
SUBJECT: Cuan'S Best Hor	Me Cleaning LLC mited Liability Company)
(Name of Lin	mited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter	to the following:
<u>Cyan S</u>	Name of Person)
Cyan's ?	test Home Cleaning LLC Firm/Company)
2685 D	ebany Rd (Address)
	State and Zip Code)
For further information concerning this matter, please ca	all:
Cyan Sumin (Name of Person)	at ( 407 ) 990 - 4239 (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	Street Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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
	Cyan's Best Home Cleaning LLC
2.	The Articles of Organization were filed on July 5, 2022 and assigned
	document number <u>L22000298990</u> (ASAP)
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/13/24 (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 was/am the owner of the company and I didn't/
	don't have employees. I want a regular job instead
	of being self-employed. My business is no longer
	generating income.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	2685 Debany Rd
	Missimmee, FL 34744
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Cyan Sumin Signature Printed Name

FILING FEE: \$25.00