

L220003287103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

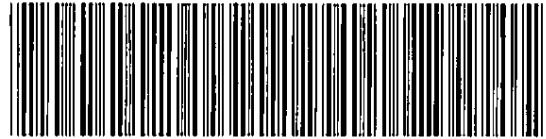
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUL 24 2024

Office Use Only



500432742865

07/11/24--01077--013 **25.00

2024 JUL 11 PM 12:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLM SERVICES LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARO HERNANDEZ

(Name of Person)

LLM SERVICES LLC

(Firm Company)

132 NELSON RD S

(Address)

CAPE CORAL, FL 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO HERNANDEZ

(Name of Person)

239

810-6442

at (

_____) _____
(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**

2024 JUN 27 11:12:50

1. The name of a limited liability company is
LLM SERVICES LLC

2. The Articles of Organization were filed on 06/27/2024 and assigned
document number L22000328763

3. The delayed effective date the dissolution if not effective on the date of filing: 6/27/2024
(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).
CLOSURE OF COMPANY

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

132 NELSON RD S

CAPE CORAL, FL 33991

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

LAZARO HERNANDEZ

Printed Name

FILING FEE: \$25.00