

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
-				
(Business Entity Name)				
(Document Number)				
Contilled Coming Contilled to a Cont				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
/ 1 m.l/c				
/ M(i)				
Office Use Only				
Chice Ode Chit				



01/08/24--01032--019 **25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

o. Signature of an authorized bove to wind up the company	person or if there are no members, the signs's activities and affairs: Carlos Rivera	gnature of the person appointed and liste
	y's activities and affairs:	gnature of the person appointed and liste
 Signature of an authorized 	person or if there are no members, the sign's activities and affairs:	gnature of the person appointed and liste
		277111
activities and attairs:		277
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activities and attairs:		
activities and attairs:		
activities and affairs:		·
	Carlos Rivera	appointed to while up the company s
F. If there are no manufactor as	enter the name and address of the person a	remainted to using up the company's
operate.		
	agentation to any open a many of the second of the	
·	ough sales to stay open. I have lost money on	this venture and can no longer
. A description of occurrenc	ce that resulted in the limited liability com, (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section
	n this block does not meet the applicable statu ective date on the Department of State's recor	
(enecuv	the dissolution if not effective on the dat we date cannot be prior to or more than 90 days late	et than the document is received for minig/
	$\frac{7500}{}$ $\frac{122000}{353858}$	
1 XX=373.		and assigned
		and accionad
	on wars filed on 08/10/2022	
Ready 4 Pick Up Windows, 1 2. The Articles of Organization 88-3733		

FILING FEE: \$25.00

COVER LETTER

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TO:		egistration Section ivision of Corporations		
SUBJEC		eady 4 Pick Up Windows, LLC		
.,		(Name of Limit	ed Liability Company)	
		articles of Dissolution and fee(s) are submit	•	
		Carlos Rivera		
(Name of Person)				
	Ready 4 Pick Up Windows			
	(Firm/Company)			
	713 Crandon Blvd. Apt. 204			
	(Address)			
	Key Biscayne, FL 33149			
		(City/Sta	ate and Zip Code)	
For furth	ner info	ormation concerning this matter, please call	:	
Carlos Rivera		s Rivera	305 972-4461 at ()	
	****	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed	is a che	ck for the following amount:		
■ \$25.00 Filing Fee and Certificate of Dissolution		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		stration Section ion of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	