L22000401138

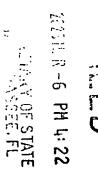
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			

Office Use Only



700403180507

08/08/23--01009--030 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Door to Door Per (Name of Limited	rsonal Consultations LLC Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	e following:
Alfredo J. Co.	174/ez
(Fim/C	Company)
Owens Cross Roa (City/State)	and Red As Al 35763 and Zip Code)
For further information concerning this matter, please call:	
Alfredo J. Gonzalez (Name of Person)	at (256) 665 - 8021 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: S25.00 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

ARTICLES OF DISSOLUTION				
	FOR A LIMITED LIABILITY COMPANY	ILED .		
l.	The name of a limited liability company is Door to Door Personal Consultations UC The Articles of Organization were filed on 9/14/27 and assigned	R-6 PM 4: 22		
2.	The Articles of Organization were filed on $\frac{9/14/22}{}$ and assigned	MASSEE, FL		
	document number <u>L 22 000 40 1138</u>			
3.	3. The delayed effective date the dissolution if not effective on the date of filing:			
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to see 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	etion		
	I am no Longer working for the Company that			
sequired me to have an Licand I have moved				
out of the State of Florida				
_				
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Alfredo J. Gon Tale Z				
	511 Wilson Mann Rd	_		
	OWERS Cross Roads AL 35763	_		
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:				
2	Signature AlFredo J. GONTAI	le z		

FILING FEE: \$25.00