## L22000444393

| (Requestor's Name)                      |   |  |  |  |  |
|---|---|--|--|--|--|
| (Address)                               |   |  |  |  |  |
| (Address)                               |   |  |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |  |
| (Business Entity Name)                  |   |  |  |  |  |
| (Business Entry Hame)                   |   |  |  |  |  |
| (Document Number)                       |   |  |  |  |  |
| ertified Copies Certificates of Status  |   |  |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |  |
|   |   |  |  |  |  |
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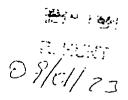
Office Use Only



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2023 SEP - 1 - PM 12: 40



## COVER LETTER -

|                     | ion Section of Corporations                  |   |   |
|---------------------|--|---|---|
|                     | Truck Oringe Class                           |   |   |
| SUBJECT:            | Frish Orange Clian (Name of Limited          | Liability Company)  |   |
|                     |  |   |   |
| The enclosed Arti   | cles of Dissolution and fee(s) are submitted | l for filing.   |   |
| Please return all c | orrespondence concerning this matter to the  | e following:  |   |
| -                   | STEPHANIE<br>(Name                           | WARING OF Person)   |   |
|                     | _  |   |   |
| -                   |  | SECLEANING LLC Company)   |   |
|                     | ·  | • •   |   |
| <del>-</del>        | 190 SE 5 TH                                  | 14 AVE 418<br>Idress)   | 202   |
|                     | (Ad  | dress)  | - 33 0<br>- 32 0<br>- 13 0<br>- |
| _                   | DELRAY BER                                   | ACH, FL 33483 and Zip Code)   | ָרֶ נְּיַרְ , נְיַרְ  |
|                     | (City/State                                  | and Zip Code)   |   |
| For further inform  | nation concerning this matter, please call:  |   | 2023 SEP - 1 PH 12: 40  |
| STE                 | FPHANIE WARING                               | ar 615 714-7826   | -<br>-  |
|                     | (Name of Person)                             | (Area Code & Daytime Telephone Number)  |   |
| Enclosed is a check | for the following amount:                    |   |   |
| \$25.00 Fi          | ling Fee and Certificate of Dissolution      | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |   |
| Registr             | Address:<br>ation Section                    | Street Address: Registration Section  |   |
|                     | n of Corporations<br>ox 6327                 | Division of Corporations The Centre of Tallahassee  |   |
|                     | ssee, FL 32314                               | 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   |                    |  |  |  |  |
|----------|--|--------------------|--|--|--|--|
|          | FRESH ORANGE CLEANING LLC  |                    |  |  |  |  |
| 2.       | The Articles of Organization were filed on $\frac{10/14/22}{2}$ and assigned document number $\frac{L22000444393}{2}$  |                    |  |  |  |  |
| 3.       | The delayed effective date the dissolution if not effective on the date of filing:  (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 no listed as the document's effective date on the Department of State's records. | ot be              |  |  |  |  |
| 4.       | A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  | n                  |  |  |  |  |
|          | NO SALES MADE  | DIDS OFF - L PM 12 |  |  |  |  |
|          | •  | •                  |  |  |  |  |
| 5.       | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:   | <u>څ</u> د         |  |  |  |  |
|          |  |                    |  |  |  |  |
|          |  |                    |  |  |  |  |
| 6.<br>ab | Signature of an authorized person or if there are no members, the signature of the person appointed and I ove to wind up the company's activities and affairs:   | isted              |  |  |  |  |
|          | Signature Signature Waring Printed Name  |                    |  |  |  |  |
|          | Signature Printed Name FILING FEE: \$25.00   |                    |  |  |  |  |
|          | / Fight of Letter 363.00   |                    |  |  |  |  |