

L22000450916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

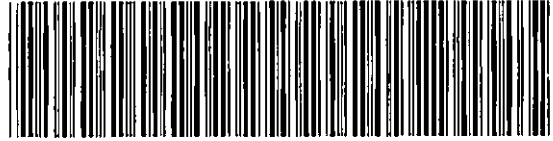
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 FEB -7 PM 4:45
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHANA CONCHITA VARGAS SERVICES, LLC.

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JOHANA C. VARGAS

(Name of Person)

JOHANA CONCHITA VARGAS SERVICES, LLC.

(Firm/Company)

219 N.W. 12TH AVENUE, APT. #1010

(Address)

MIAMI, FL. 33128

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHANA C. VARGAS

(Name of Person)

786

718-1697

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

FILED

2023 FEB -7 PM 4:45

1. The name of a limited liability company is

JOHANA CONCHITA VARGAS SERVICES, LLC.

CLERK OF STATE
ASSOC. FL

2. The Articles of Organization were filed on 10-19-2022 and assigned

document number 122000450916

3. The delayed effective date the dissolution if not effective on the date of filing: 1-19-2023

(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).

ATTACHED LETTER

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

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:

Johana Vargas. ✓
Signature

JOHANA C. VARGAS
Printed Name

FILING FEE: \$25.00

January 19, 2023

Johana C. Vargas
219 N.W 12th Avenue
Apt. #1010
Miami, FL. 33128

Atten: Division of Corporation

Registration Section
2415 N. Monroe Street
Suite #810
Tallahassee, FL. 32303

To whom it may concern:

I Johana C. Vargas, address 219 N.W. 12th Avenue, Apt. #1010 – Miami, FL. 33128.
Telephone #786-718-0697.

This is a confirmation for an Articles of Dissolution for A Limited Liability Company.

Would like for this Article of Dissolution for A Limited Liability Company filed on 10-19-2022.
Document # L22000450916. Be immediately terminated.

As I, myself have never apply for this Limited liability Company Johana Conchita Vargas Services LLC.,
listed at this address 2524 NW N. River Drive – Miami, FL. 33125.

This address listed was my former address. Which I moved from this address back on July, 2022.

Being my new address effective since July, 2022 (219 N.W. 12th Avenue Apt. #1010 Miami, FL. 33128).

With this notification, I comply with the 90 days require for Dissolution of the Articles o Organization
Document # L220000450916.

Sincerely yours,

Johana Vargas

Johana C. Vargas
Telephone #786-718-0697
219 N.W. 12th Avenue
Apt. #1010
Miami, FL. 33128