

L22000493938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

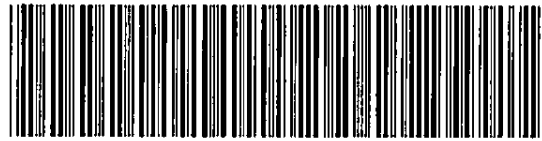
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APR 16 2024

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000426651330

03/27/24--01026--000 **25.00

FILED
2024 MAR 27 PM 12:57
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUZ PSQUICA 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:

CLAUDIA LOAIZA

(Name of Person)

LUZ PSQUICA LLC

(Firm/Company)

608 PARAKEET AVE.

(Address)

SEBRING, FLORIDA. 33872

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA LOAIZA

(Name of Person)

813

618-7770

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
2024 MAR 27 PM 12:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
LUZ PSQUICA LLC
2. The Articles of Organization were filed on 11/18/2022 and assigned
document number L22000493938
3. The delayed effective date the dissolution if not effective on the date of filing: 11/16/2022
(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).
My LLC is no longer generating income.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
CLAUDIA LOAIZA
608 PARAKEET AVE.
SEBRING, FL. 33872
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:

Claudia Loanza
Signature

CLAUDIA LOAIZA
Printed Name

FILING FEE: \$25.00