

L22000532716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

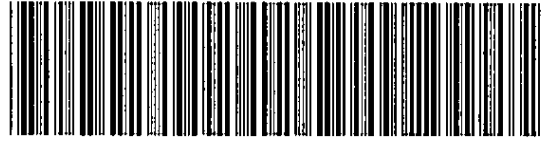
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900399363089

01 11 2011 01:11:00 *400.0

FILED
2011 JAN 11 PM 12:29
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUIS MIGUEL MARQUEZ 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:

LUIS MIGUEL MARQUEZ GARCIA

(Name of Person)

(Firm/Company)

5195 E 4TH AVE

(Address)

HALEAH, FL 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

EINAR CAMILO

(Name of Person)

407 994-5554

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 JAN 11 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
LUIS MIGUEL MARQUEZ SERVICES LLC

2. The Articles of Organization were filed on DECEMBER 21, 2022 and assigned
document number L22000532716

3. The delayed effective date the dissolution if not effective on the date of filing: UPON 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 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).

I never made this Corporation, another person must have taken my name and address and did this process.

so I have decided to dissolve this to prevent them from using my name and address in any type of business

without my consent.

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:


Signature

LUIS MIGUEL MARQUEZ GARCIA
Printed Name