# 123000035990

(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:						
J DENNIS						
MAY 1 9 2023						

Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

(Name of Lin	nited Liability Company)
nclosed Articles of Dissolution and fee(s) are subn	nitted for filing.
e return all correspondence concerning this matter	to the following:
Faunet Camil	
()	ame of Person)
Naples FL Taxi LLC	
(F	irm/Company)
4752 25TH PL SW	
	(Address)
NAPLES	
(City/s	State and Zip Code)
further information concerning this matter, please ca	ili:
Faunet Camil	at ( 239 ) 777-0777
Faunet Camil (Name of Person)	at (239 ) 777-0777  (Area Code & Daytime Telephone Number)
(Name of Person)	at (239 ) 777-0777  (Area Code & Daytime Telephone Number)
<del></del>	at (239 ) 777-0777  (Area Code & Daytime Telephone Number)  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
(Name of Person)  osed is a check for the following amount:  \$\mathbb{B}\$ \$25.00 Filing Fee and Certificate of Dissolution  Mailing Address:	(Area Code & Daytime Telephone Number)  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  Street Address:
(Name of Person)  seed is a check for the following amount:  \$25.00 Filing Fee and Certificate of Dissolution  Mailing Address: Registration Section	(Area Code & Daytime Telephone Number)  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  Street Address: Registration Section
(Name of Person)  osed is a check for the following amount:  \$\mathbb{B}\$ \$25.00 Filing Fee and Certificate of Dissolution  Mailing Address:	(Area Code & Daytime Telephone Number)  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations
(Name of Person)  osed is a check for the following amount:  \$25.00 Filing Fee and Certificate of Dissolution  Mailing Address: Registration Section Division of Corporations	(Area Code & Daytime Telephone Number)  \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  Street Address: Registration Section

# Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Napies PL Taxi
Document number of Limited Liability Company is: L23000035990
Date of dissolution was: March 14th, 2023
Description of information that must be included in a written claim:
I can't afford to stay in business.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  4752 25th PL Sw
Naples FL 34116
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Faunet Camil
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil Naples FL Taxi LLC	ity company is		
2.	The Articles of Organization	n were filed on January 19,	2023	_ and assigned
	document number L2300003	35990		
3.	The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective date that the content of the c	date cannot be prior to or more t his block does not meet the at	han 90 days later than date opplicable statutory filing r	March 15, 2023 document is received for filing) equirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited copy 605.0707 on back cov	liability company's dis	ssolution pursuant to section
	I am unable to get business, I c	an't afford to keep going.	<u>,</u>	
-				
	If there are no members, ent activities and affairs:	er the name and address of Faunet Camil	the person appointed to	o wind up the company's
6. abo	Signature of an authorized pove to wind up the company'	erson or if there are no mer s activities and affairs:	mbers, the signature of	the person appointed and listed
1	Rough	Ţ.	Faunet camil	
Signature			Printed Name	

**FILING FEE: \$25.00**