

L23000050082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

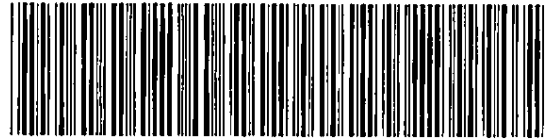
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/20/24--01010--001 \*\*35.00

FILED  
2024 SEP 20 PM 3:28  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shelby Quality Cleaning CO. 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:

Michelle Williams

\_\_\_\_\_  
(Name of Person)

Shelby Quality Cleaning CO. LLC

\_\_\_\_\_  
(Firm/Company)

7901 4th St N Ste 300

\_\_\_\_\_  
(Address)

St. Petersburg, FL 33702

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Williams

\_\_\_\_\_  
(Name of Person)

541

735-1239

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Shelby Quality Cleaning CO. LLC

2. The Articles of Organization were filed on 9/15/2024 and assigned  
document number L23000050082

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 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).

The LLC is no longer generating income and  
~~has~~ the purpose of the LLC has been completed.

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

1319 Herschell St. Lakeland FL 33815

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:

Michelle Williams  
Signature

Michelle Williams  
Printed Name

FILING FEE: \$25.00