123000107890

(Requestor's Name)			
(Address)			
,			
(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:			
Special instructions to Filling Officer.			

Office Use Only



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15. HUNT 03/27/24

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Amethyst House	Cleaning tranchising	
_	(Name of Limit	ted Liability Company)	
The enclosed a	Articles of Dissolution and fee(s) are submit	tted for filing.	
Please return a	all correspondence concerning this matter to	the following:	
	1		
		e Wismer	
	(Name of Person)		
	Amethysi	House Cleaning	
	(Fir	m/Company) : •	
	9950 S. OCE	and # 1901	
	(Address)		
	9950 S. OCean dr #1901 Jensen Beach, FL 34957		
	(City/State and Zip Code)		
		 	د, ۳۰
For further inf	formation concerning this matter, please call	<u>.</u>	
	Lucie Wismer	at (919) 90 7 - 9387 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Parlandina d	2. 6. d. 6. H		
_	neck for the following amount:		
□ \$25.0	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Maili	ing Address:	Street Address:	
	istration Section	Registration Section	
Divi	ision of Corporations	Division of Corporations	
	. Box 6327	The Centre of Tallahassee	
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Amethyet House Cleaning Tranchising LL			
2.	The Articles of Organization were filed on $03 - 0/-23$ and assigned			
	document number <u>123 000/07</u> \$90			
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).			
	no longer seeking to franchise			
	7 F2:			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: (UCLE W) Smer			
9950 S. Ocean dr # 1901				
	Jensen Beach, f134957			
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:			
	Girmon Lucie Wismer			
	Signature Printed Name			

FILING FEE: \$25.00

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:	·
Document number of Limited Liability Company is:	
Date of dissolution was:	÷. ?
Description of information that must be included in a written claim:	
·	;
	·
	-77
	•••
	<u> </u>
Mailing address where claims can be sent: (Claims cannot be sent to	
A claim against the above named limited liability company will be be claim is commenced within 4 years after the filing of this notice.	
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