

L23000141317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

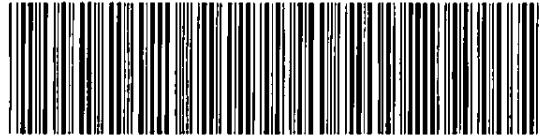
(Business Entity Name)

(Document Number)

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

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10/08/24--01006--003 \*\*25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YOLY VERA CARE 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:

GUILLERMO CASTILLA-ROSELL

(Name of Person)

PREMIER ADVISORY GROUP INC

(Firm/Company)

8300 W FLAGLER STREET STE 254-E

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

GUILLERMO CASTILA-ROSELL

(Name of Person)

305

370-9567

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

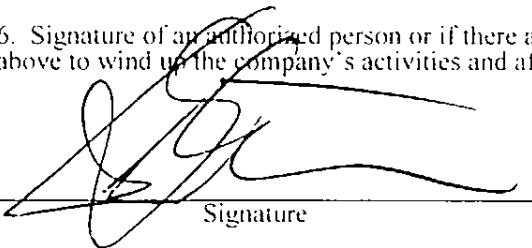
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
FEB 11 2004  
FEB 11 2004

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
YOLY VERA CARE SERVICES LLC
2. The Articles of Organization were filed on 03/28/2023 and assigned  
document number 1.23000141317
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).  
NOT ENGAGED IN BUSINESS ANYMORE.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Guillermo Castiblanco-Rosell  
Printed Name

**FILING FEE: \$25.00**

2023-03-28 PM 1:11  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA  
TALLAHASSEE, FLORIDA