123000204037

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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02/12/24--01018--023 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: 05518 C. L	Liability Company)
(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	e following:
Osvalda (Name	Y Y Z
(Name)	of reison)
(155ie C.	446.
(Firm/C	Company)
14.36 5. Lake	eshore Dr.
Sarasota. 1	-L 34231
(City/State	and Zip Code)
For further information concerning this matter, please call:	
Osvaldo Cruz	at (941) 302-2608 (Area Code & Daytime Telephone Number) 941-313-5286
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	941-313-5286
S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

1. The name of a limited liabil	lity company is
2. The Articles of Organizatio	on were filed on $04/25/2023$ and assigned
document number	L23000204037
Note: If the date inserted in t	the dissolution if not effective on the date of filing: <u>02/15/2024</u> de date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not etive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).
Lon'_	need it anylonger
5. If there are no members, en	nter the name and address of the person appointed to wind up the company's
activities and affairs:	Osvalda Cruz
	1436 S. Lakeshore Dr.
	Sarasota, FL 34231
 Signature of an authorized pabove to wind up the company 	person or if there are no members, the signature of the person appointed and lives activities and affairs:
	$\overline{}$

FILING FEE: \$25.00