

L23000251101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

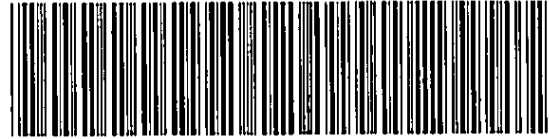
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

SE 6/14/23

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: Coxdetailssolutions 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:

Donald Cox

(Name of Person)

(Firm/Company)

5200 Park Ridge Road

(Address)

Flower Mound Texas 75022

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Cox

(Name of Person)

at 817, 798-2803

(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

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Coxdetailssolutions LLC

2. The Articles of Organization were filed on 5-22-23 and assigned

document number L23000251101

3. The delayed effective date the dissolution is 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).

This company is a fraud. I am a victim of identity
theft and they have all my personal information.

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

Donald Cox 5200 Park Ridge Road
Flower Mound Tx 75022

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

Donald Cox
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 14 AM 10:17

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