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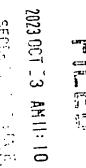
(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Maximite Your	Profits Bookkeeping, LLC	
(Name of Limited	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Richard Mod	avek_	
Maximize Your Profits	Company)	
300 SW 130 =	Terrace, # 108B	
(A	udi CSS)	
Pambroke Pines, 1	FL 33027	
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
Richard Moravek	at (94/) 232 - 110/ (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
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	Registration Section Division of Corporations	
P.O. Box 6327	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 liability company is MaxiMize Your Profits Bookkerping, LC	
2. The Articles of Organization were filed on June 22, 2023 and assigned	
document number <u>L 23000 300 460</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: September 28, 26 (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.) <i>I 3</i> (
 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). 	
I decided sort to be a brokhespu and	
dmit sued an LLC. I am not in the	7
trokkeping business.	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Richard Moravell	j 0 g
300 SN 130 To Terrace	
Penbanke Pins, FL 33027	
Panbauke Pives, FL 33027	
6. Signature of an authorized person or if there are no members, the signature of the person appointed and list above to wind up the company's activities and affairs:	cd
archard Moravek Bichard Moravek	
Richard Morgvek Signature Printed Name Managing Mambel FILING FEE: \$25.00	