

23000302122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

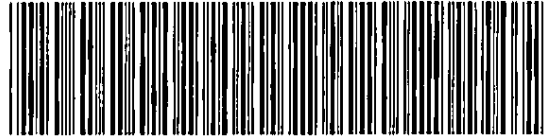
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2024 JAN - 8 PM 9:10

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FEB - 4 2024

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Herbal Cleaning 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:

Emily Elizondo  
(Name of Person)  
Herbal Cleaning Services LLC  
(Firm/Company)  
791 Sunset Lakes Dr  
(Address)  
Merritt Island FL 32953  
(City/State and Zip Code)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Emily Elizondo at (321) 423-7827  
(Name of Person) (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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Herbal Cleaning Services

2. The Articles of Organization were filed on 06/23/2023 and assigned

document number L23000302122

3. The delayed effective date the dissolution if not effective on the date of filing: 01/15/2024  
(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).

The dissolution is being filed due  
to no success on 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:

Emily Elizondo  
791 Sunset Lakes Dr  
Merritt Island FL 32953

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

Emily Elizondo.  
Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

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