

L23000411597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

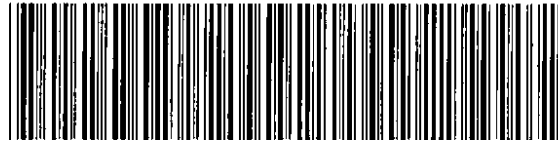
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE
OCT 13 2023

Office Use Only



400417240514

10/13/23--01004--003 **25.00

RECEIVED
2023 OCT 12 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23 OCT 12 AM 8:50
U.S. DEPARTMENT OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TACOS & TEQUILA 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:

WIZETH STECCONI

(Name of Person)

STECCONI'S TAX SERVICES & MORE LLC

(Firm/Company)

1906 VAN RAUB ST

(Address)

NORTH PORT, FL 34291

(City/State and Zip Code)

For further information concerning this matter, please call:

Wizeth Stecconi

(Name of Person)

at

(941) 525-3441

(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**

23 OCT 12 AM 8:50

1. The name of a limited liability company is
TACOS & TEQUILA LLC

2. The Articles of Organization were filed on 09/01/2023 and assigned
document number L23000411597

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).
BUSINESS NEVER OPENED.

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

3983 DESTINATION DR # 102

OSPREY, FL 34229

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



Printed Name

FILING FEE: \$25.00