123000417111

(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:					
Umills					

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COVER LETTER

	stration Section sion of Corporations						
	MELI'S PROFESSIONAL CLEANING LLC						
SUBJECT:	(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:					
	AMELIDA A GARCIA CHAJON						
(Name of Person)							
MELI'S PROFESSIONAL CLEANING LLC							
(Firm/Company)							
5321 FLEMING ST							
	(Address)						
	NAPLES, FL 34113						
	(City/State :	ınd Zip Code)					
For further in	formation concerning this matter, please call:						
AMI	ELIDA A GARCIA CHAJON	239 200-7091					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a c	heck for the following amount:						
■ \$25.0	00 Filing Fee and Certificate of Dissolution	■ \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Reg	ling Address: distration Section	Street Address: Registration Section Division of Corporations					
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee					
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l .	The name of a limited liabilit MELI'S PROFESSIONAL CLF			· · · · · · · · · · · · · · · · · · ·
2.	The Articles of Organization	were filed on	and assigned	
	document number L23000417	111	_	
3.	(checuve a	is block does not meet the	tive on the date of filing: 09/06/2023 than 90 days later than date document is receive applicable statutory filing requirements, this of State's records.	ed for filing) s date will not be
	605.0707, Florida Statutes, (c	opy 605.0707 on back co		ant to section
	I am not using it, because my so	n had an accident and I hav	e to stay to take care of his health and tha	
	is why I could no longer continu	ie working in the company	and there was no income.	;
				92
		<u> </u>		<u>co</u>
5.	If there are no members, ente activities and affairs:	r the name and address of am the only member in t	of the person appointed to wind up the c he company	ompany's
ó. ib	Signature of an authorized peove to wind up the company's	erson or if there are no meast activities and affairs:	tembers, the signature of the person app	ointed and liste
	Amelida A 6a. Signature	rcia	AMELIDA A GARCIA CHAJON	
_,	Signature		Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

AMELIDA A GARCIA CHAJON

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

1.32000417111	
Document number of Limited Liability Company is: L23000417111	
Date of dissolution was:	
Description of information that must be included in a written claim:	
I am not using it, because my son had an accident and I have to stay to take care of his health and tha	
is why I could no longer continue working in the company and there was no income. By mistake I renewed the	annu
, since the person who was doing it made a mistake instead of dissolving the company so I had to send through	· ·
this form to cancel the company for reasons of my son's health	'' سب
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
5321 FLEMING STNAPLES FL 34113	
5321 FLEMING STNAPLES, FL 34113	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00