L24000058530

(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:						





600434163576

08/08/24--01008--002 **25.00

08/06/24

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: Angels Clowne of Limite	eaning and Decorating
The enclo	osed Articles of Dissolution and fee(s) are submitte	ed for filing.
Please ret	turn all correspondence concerning this matter to t	he following:
	SUhir (Nam	Ahmed e of Person)
	Angels Cle	eaning and decorating
	4279 NW 8	9th AUC APT 205
	Coral Springs,	FL , 33065 e and Zip Code)
For furthe	er information concerning this matter, please call:	
-	Suhir Ahmed (Name of Person)	at (
	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	y company is
Angels cli	eanging and decorating.
2. The Articles of Organization	were filed on $01/31^{51}/24$ and assigned
document number	4000058530
Note: If the date inserted in the	e dissolution if not effective on the date of filing:
- 605 0707 Florida Statutes (c	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
The companu	did not succeed the way it was
supposed to	
 If there are no members, enter activities and affairs: 	to the name and address of the person appointed to wind up the company's SUHIN Ahmed 4279 NW 89 th Ave Apt 20
	coral Springs, FL, 33065
6. Signature of an authorized p above to wind up the company	erson or if there are no members, the signature of the person appointed and listed sactivities and affairs:
Suhir Ahmed Signature	Suhir Ahmed Printed Name
(//Eliatal C	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

Name of Limited Liability Company:	Angels	cleaning	and decorating
Document number of Limited Liability Co	ompany is:	<u> 1240000</u>	058530
Date of dissolution was:O5/M/		_	
Description of information that must be in	ncluded in a w	ritten claim:	
			
Mailing address where claims can be sent	:: (Claims canr	not be sent to the E	vivision of Corporations)
A claim against the above named limited claim is commenced within 4 years after t			unless a proceeding to enforce the
Printed Name of the Person Filing		Si	gnature of the Person Filing