L24000 H3930

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE JUL 15 2024

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06/24/24--01014--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 6(OULD COCHUS LLC (Name of Limited I	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to the		
trease retain an correspondence concerning and matter to the	ionowing.	
Nortalia Guerra (Name o	r Person)	
(Firm/C	ompany)	
	•	
4702 14th St SV	Iress)	
Lehigh Acres (City/State at		
For further information concerning this matter, please call:		
MONTONION GIVE CON PORTOS (Name of Person)	at (239) 494 - 4395 (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 6(cups Cachus LLC
2.	The Articles of Organization were filed on $4-18-2024$ and assigned
	document number <u>L24000183830</u>
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).
	The business venture I had planned did not
	come to firstion as a had a change of pians and priceties.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and liste ove to wind up the company's activities and affairs:
	Matalia Parra. Notalia Guerra Parra. Signature Printed Name

FILING FEE: \$25.00