Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000379588 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155

Phone : (305)226-8727

Fax Number

: (786)947-0844

LLC DISSOLUTION OR WITHDRAWAL SEAMLESS GUTTERS PROFESSIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



November 26, 2024

FLORIDA DEPARTMENT OF STATE

SEAMLESS GUTTERS PROFESSIONAL LLC 2980 NW 203 TERRACE

MIAMI GARDENS, FL 33056

SUBJECT: SEAMLESS GUTTERS PROFESSIONAL LLC

REF: L24000276723

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Notice of Dissolution must contain a description of information that should be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly

Karen A Saly FAX Aud. #: H24000379588 Regulatory Specialist II Letter Number: 724A00025901

COVER LETTER

'TO: Registration Section

Division of Corporations

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:

LICG ESTAID

(Name of Person)

LICENSES PRIMITS LLC

(Firm/Company)

FIGURE STAID

(Address)

(Address)

(Address)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(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 100 hove Sip Mil
2. The Articles of Organization were filed on 6-18-2024 and assigned
document number $2000000000000000000000000000000000000$
3. The delayed effective date the dissolution if not effective on the date of filing:
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).
COMPLINY HAS DO HOVEHONT.
- 1 CD
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: JOIA WINTERO HOUSE
2980 NW 203 ter.
Milly Gyclens #1 9305C
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:
And Jorge Cuntow Yaya
Signature / Printed Name

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: Sold Sold Sold Sold Sold Sold Sold Sold
Document number of Limited Liability Company is: 2000000000000000000000000000000000000
Date of dissolution was: 111320
Description of information that must be included in a written claim:
No activity in LLC.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
TORR Winters Hays
2980 NU 200 TO 1600
Mina Carpos El Darson
- FICAN GUND , TI 3900
claim against the above named limited liability company will be barred unless a proceeding to enforce the laim is commenced within 4 years after the filing of this notice.
Joego Stintono Hayo hul
Printed Name of the Person Filing Signature of the Person Filing

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