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(Requestor's Name)	
(.	Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP		
(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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Office Use Only

	ACCESS, INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-166	
		WALK IN
	P	ICK UP: BROOK 2/6
	CERTIFIED COP	Y
XX	РНОТОСОРУ	
	GS	
XX	FILING	DISSOLUTION
	GREENE KLEEN	OF SOUTH FLOIRDA INC
	GREENE KLEEN ((CORPORATE NAME AND I	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

DOCUMENT NUMBER: _____

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Luis Quintana

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(Nan	ne of Contact Person)
Quintana Portal Villalon, PLLC	
	(Firm/Company)
145 Almeria Avenue	
	(Address)
Coral Gables, Florida 33134	
(Cit	y/State and Zip Code)
For further information concerning the	is matter, please call:
J. Luis Quintana	at (³⁰⁵⁻⁴⁴⁶⁻⁰³⁰⁰
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Sta	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

2024 FEB -6 PH 12 04

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	GREENE KLEEN OF SOUTH FLORIDA, INC., a Florida Corporation

SECOND: The document number of the corporation (if known): THUD D: February 1, 2024

THIRD: The date dissolution was authorized:

Effective date of dissolution <u>if applicable</u>:

(no more than 90 days after dissolution file date) <u>Note:</u> 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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:

Cija Agueroa

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cira Figueroa

(Typed or printed name of person signing)

President/Sole Shareholder

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

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

GREENE KLEEN OF SOUTH FLORIDA, INC., a Florida Corporation

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. Brief description of the nature and basis of the claim.

2. The date that the claim originated or accrued.

3. The monetary value of the claim (i.e., the amount being sought by claimant).

4. The claim must be in writing.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Cira Figueroa

285 NW 121 Court

Miami, Florida 33182

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Cira Figueroa

Signature of the Pers

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00