## P13000072507

(Re	questor's Name)	
. (Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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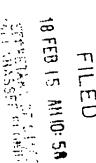


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VID Ward



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissolution of Sin Limites, Inc.		
DOCUMENT NUMBER: P13000072507		
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concerning	ng this matter to the follow	ving:
Olga Maria Beeck		
(Name of	f Contact Person)	
Sin Límites, Inc.		
(Fir	m/Company)	<del></del>
701 Brickell Avenue Suite 2100		
(/	\ddress)	
Miami, FL 33131		
(City/St	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Olga Maria Beeck	305 -794-4632 at (	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	unt:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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:  Sin Limites, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:  February 7, 2018
	February 14, 2018 Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date)  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.
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature:  (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)
	Olga María Beeck
	(Typed or printed name of person signing)
	Director
	(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.

Sin Límites, Inc. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Claim amount, basis for claim and origination date of claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 701 Brickell Avenue Suite 2100 Miami, FL 33131 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. Olga María Beeck Printed Name of the Person Filing

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