

LO20000 15404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

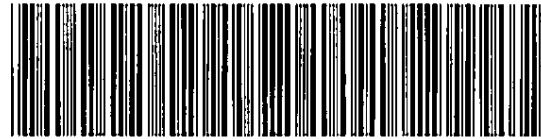
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600341973626

03/18/20--01018--003 ++25.00

FILED  
2020 MAR 16 PM 5:55  
SECTION 8  
TALLAHASSEE, FLORIDA

Y SUI KEP

MAR 27 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XELAR LLC

(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:

GABRIEL PAOLI

(Name of Person)

XELAR LLC

(Firm/Company)

5135 ADANSON STREET, SUITE 500

(Address)

ORLANDO, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL PAOLI

(Name of Person)

407

913-0012

at ( )

(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

XELAR LLC

2. The Articles of Organization were filed on 6/19/2002 and assigned

document number L02000015404

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019  
(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).

COMPANY HAS NO ACTIVE BUSINESS

COMPANY HAS NO ACTIVE BUSINESS

COMPANY HAS NO ACTIVE BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

GABRIEL PAOLI

2228 FOUNTAIN KEY CIRCLE

WINDERMERE, FL 34786

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:



Signature

GABRIEL PAOLI

Printed Name

**FILING FEE: \$25.00**

FILED  
2020 MAR 16 PM 5:06  
SEC. OF STATE  
TALLAHASSEE, FL