

10300005327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

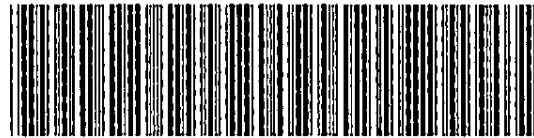
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/01/17--01018--038 **25.00

FILED

18 JAN 29 PM 1:47

STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 29 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2017

ALEJANDRO POLIER
5975 SUNSET DRIVE SUITE 506
SOUTH MIAMI, FL 33142 US

SUBJECT: SMARTCAP, LLC
Ref. Number: L03000005327

We have received your document for SMARTCAP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 417A00018230

RECEIVED

JAN 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smartcap, 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:

Alejandro Polier

(Name of Person)

Smartcap LLC

(Firm/Company)

5975 Sunset Drive Suite 506

(Address)

Miami FL 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

Yamel Lorenzo

(Name of Person)

at (786) 5238304

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SMARTCAP, LLC

2. The Articles of Organization were filed on 02/13/2003 and assigned

document number 103000005327

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)

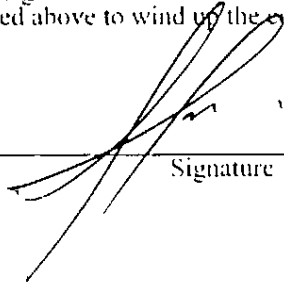
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

NOT LONGER IN 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:

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

ALEJANDRO POLIER

Printed Name

FILING FEE: \$25.00

FILED
18 JAN 29 PM 1:47
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE