

L030000 43808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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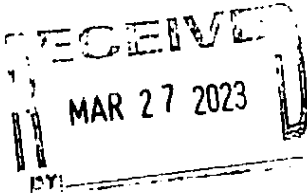
MAIL

(Business Entity Name)

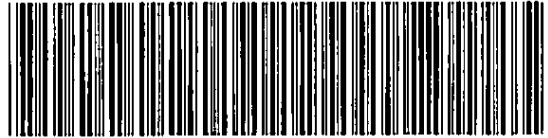
(Document Number)

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6/22/23
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2023 JUN 12 AM 10:22

SECRETARY OF STATE
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RALPH SALGADO ASSOCIATES, LC

(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:

RALPH SALGADO

(Name of Person)

(Firm/Company)

4269 FLEXER DRIVE

(Address)

HERNANDO BEACH, FL 34607

(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH SALGADO

(Name of Person)

352

600-9000

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

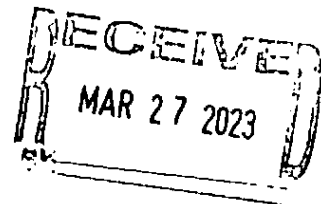
☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

RALPH SALGADO ASSOCIATES, LC

2. The Articles of Organization were filed on 03 NOVEMBER, 2003 and assigned

document number L03000043808

3. The delayed effective date the dissolution if not effective on the date of filing: 01FEB2023

(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).

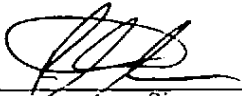
All members have consented to dissolution.

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DEPT. OF STATE
TALLAHASSEE, FL

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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

RALPH SALGADO

Printed Name

FILING FEE: \$25.00