

L060000020208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

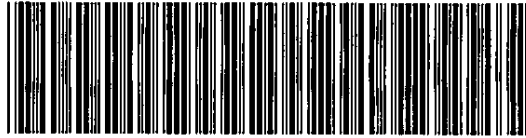
(Document Number)

Certified Copies _____

Certificates of Status _____

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04/15/15--01003--008 **25.00

FILED
15 APR 15 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISABEL COLLAZO 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:

JANE E. DELGADO

(Name of Person)

(Firm/Company)

P.O. BOX 5960

(Address)

DELTONA, FL 32728

(City/State and Zip Code)

For further information concerning this matter, please call:

JANE E. DELGADO

(Name of Person)

at (386) 308-7098

(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

FILED
15 APR 15 PM 12:20
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ISABEL COLLAZO LLC

2. The Articles of Organization were filed on 02/23/2006 and assigned

document number L06000020208

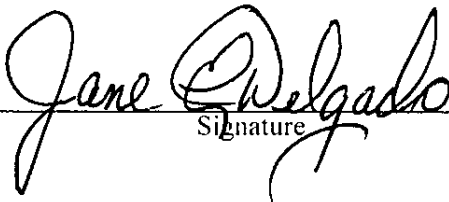
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

THE CONSENT OF ALL OF THE MEMBERS

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

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

4-13-15 JANE E. DELGADO

Printed Name

FILING FEE: \$25.00