

LD7000018356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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09 APR 24 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 27 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONGE Provider Services, 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:

Sandalio Perez

(Name of Person)

SANDMARU, INC.

(Firm/Company)

3378 SW 139th CT

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandalio Perez

(Name of Person)

at ( 305 ) 498-7263

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

**FILED**  
09 APR 24 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2009

SANDALIO PEREZ  
SANDMARU, INC.  
3378 SW 139TH CT  
MIAMI, FL 33175

SUBJECT: CONGE PROVIDER SERVICES, LLC.  
Ref. Number: L07000018356

We have received your document for CONGE PROVIDER SERVICES, 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 509A00012149

**FILED**  
09 APR 24 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
CONGE Provider Services, LLC.

2. The Articles of Organization were filed on March 31, 2009 and assigned document number  
LO 7000018356.

3. The date the dissolution was approved: March 1<sup>st</sup>, 2009.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Consent for dissolution by of all members of the company.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

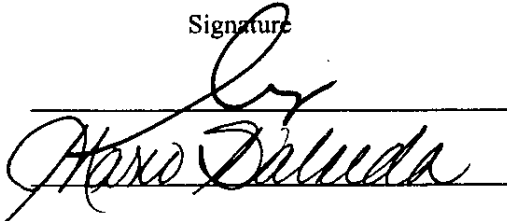
7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Sandalio Perez, Pres. SANDMARU, INC.

Mario Salceda, Pres. SALCEDA, INC.

**FILED**  
09 APR 24 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00