

L07000036716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

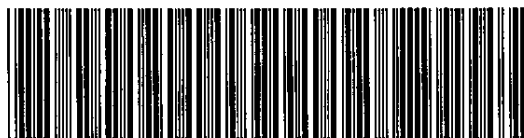
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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300256979693

03/21/14--01008--028 \*\*100.00

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2014 MAR 21 PM 4:47  
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TALLAHASSEE FLORIDA

MAR 24 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cicatrix, LLC  
**DOCUMENT NUMBER:** L07000030716

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin J. Klatsky, Esq.

\_\_\_\_\_  
(Name of Contact Person)  
Owens Law Group, P.A.  
\_\_\_\_\_  
(Firm/Company)  
811-B Cypress Village Blvd  
\_\_\_\_\_  
(Address)  
Ruskin, FL 33573  
\_\_\_\_\_  
(City/State and Zip Code)

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ALCANTARA SE FLORIDA

For further information concerning this matter, please call:

Alissa M. Martinez      813      633-3396  
\_\_\_\_\_  
(Name of Contact Person)      at (\_\_\_\_\_)      (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|---|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment 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  
Cicatrix, LLC

2. The Articles of Organization were filed on 03/21/2007 and assigned  
document number L07000030716

3. The delayed effective date the dissolution if not effective on the date of filing: n/a

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).  
No longer conducting 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: 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

Printed Name

Ignacio A. Ferras, III

**FILING FEE: \$25.00**

**FILED**  
2007 MAR 21 PM 4:47  
CLERK OF STATE  
TALLAHASSEE FL 91004

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Cicatrix, LLC

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

- Name of company or individual

- Date of work or delivery

- Product or service provided

- Copy of detailed invoices

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

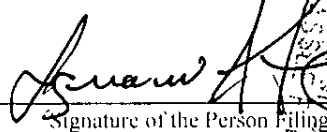
P.O. Box 173428

Tampa, FL 33672

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ignacio A. Ferras, III

Printed Name of the Person Filing

  
Signature of the Person Filing

FILED  
2014 MAR 20 PM 4:47  
CLERK OF COURT  
STATE OF FLORIDA

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**