

LD7000123397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

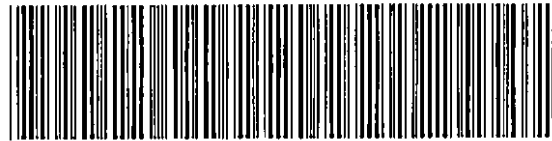
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 18 2020



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MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Salamanca Holdings, LLC 107000123397
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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

1. The name of a limited liability company is
SALAMANCA HOLDINGS, LLC

2. The Articles of Organization were filed on DECEMBER 12, 2007 and assigned
document number L07000123397

3. The delayed effective date the dissolution if not effective on the date of filing: FILING DATE.
(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
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).

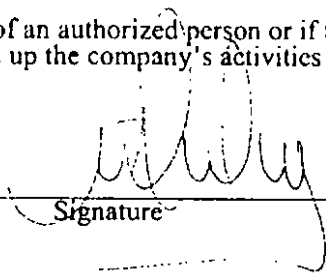
THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF
ALL ITS MEMBERS.

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2028 FEB 19 AM 8:57
STATE
FL

FILED

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

ANTONIO E. LAURIA, MANAGER
Printed Name

FILING FEE: \$25.00

State of Florida
County of Broward
The foregoing instrument was acknowledged before me this 29 day of

January of 2010 by Antonio E. Lauria

Personally Known ☒ OR Produced Identification

Type of Identification Produced

Name: Aida Jaen

