

LOS000031044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

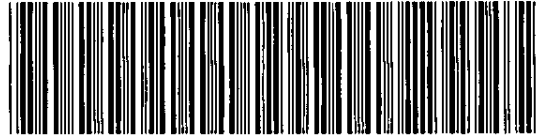
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acatel Wireless 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:

JOSE LUIS VIELMA
(Name of Person)

Acatel Wireless LLC
(Firm/Company)

232 COACHMAN CT.
(Address)

SANFORD FL. 32773
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE LUIS VIELMA at (407) 860-6749
(Name of Person) (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**

1. The name of a limited liability company is

Acatel Wireless LLC

2. The Articles of Organization were filed on 03/26/2008 and assigned

document number L08000031044

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

(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).

NONE

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

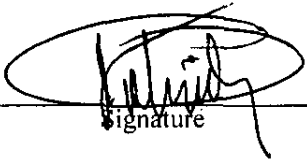
JOSE LUIS VIELMA

232 COACHMAN CT.

SANFORD FL

32773

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

JOSE LUIS VIELMA
Printed Name

FILING FEE: \$25.00

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15 APR 24 AM 7:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE