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(R	tequestor's Name)	•
(A	ddress)	
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(C	city/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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KEITH D. SILVERSTEIN, P.A.

ATTORNEYS AT LAW

SUITE 4310 200 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131

KEITH D. SILVERSTEIN

ADMITTED IN NEW YORK, FLORIDA, MASSACHUSETTS & CONNECTICUT

TELEPHONE (305) 868-0200 FACSIMILE (305) 868-1045 keith.silverstein@gmail.com

April 21, 2016

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Cellutrak International, LLC

Filing of Articles of Dissolution

Dear Sir/Madame:

This office represents the above referenced entity, CELLUTRACK INTERNATIONAL, LLC. On behalf of our client, enclosed for filing please find an Articles of Dissolution "CELLUTRAK INTERNATIONAL LLC".

Also enclosed please find a check payable to the Florida Department of State in the amount of \$25.00 to cover the filing fees. Kindly stamp the enclosed copy of this correspondence and return to this office in the enclosed self-addressed postage paid envelope.

If you have any questions, please feel free to contact me at the above number.

Very truly yours,

KEITH D. SILVERSTEIN, P.A.

Keith D. Silverstein

Encl.

COVER LETTER

TO:		tion Section of Corporations	
CHD	eze.	CELLUTRAK INTE	ERNATIONAL LLC
SUBJ	ECT:	(Name of Limited	Liability Company)
The er	iclosed Art	icles of Dissolution and fee(s) are submitte	d for filing.
Please	return all c	correspondence concerning this matter to th	e following:
		Keith D. Si	lverstein, Esq.
	-	(Name	of Person)
		Keith D. Si	Iverstein, P.A.
	-	(Firm/	(Company)
		· · · · · · · · · · · · · · · · · · ·	ne Blvd., Suite 4310
			ddress)
	-		FL 33131
		(City/State	and Zip Code)
For fu	rther inforn	nation concerning this matter, please call:	
	Keith	D. Silverstein, Esq.	305 868-0200
	***	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check	; for the following amount:	
	■ \$25.00 F	iling Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)
		MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
		Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned date of filing: later than date document is received for filing) tutory filing requirements, this date will not be ords. ompany's dissolution pursuant to section sented to the dissolution of the company.
date of filing: later than date document is received for filing) tuttory filing requirements, this date will not be ords. ompany's dissolution pursuant to section
nutory filing requirements, this date will not be ords. ompany's dissolution pursuant to section
nutory filing requirements, this date will not be ords. ompany's dissolution pursuant to section
n appointed to wind up the company's
signature of the person appointed and
lverstein
Printed Name