

109000006625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

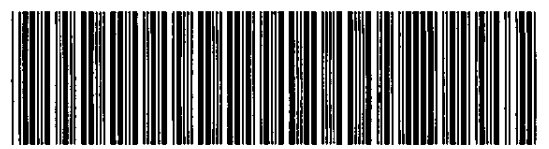
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 19 AM 11:59
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SEP 21 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN AMERICAN SECURITY LOGISTIC 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:

JULIO MOLANO

(Name of Person)

(Firm/Company)

888 BISCAYNE BLVD, STE 505

(Address)

MIAMI, FL, 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO MOLANO

(Name of Person)

at (786) 245 4188

(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
LATIN AMERICAN SECURITY & LOGISTICS SERVICES, LLC

2. The Articles of Organization were filed on JAN 21, 2009 and assigned
document number L09000006625

3. The delayed effective date the dissolution if not effective on the date of filing: SEP 17, 2016
(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 be listed as the document's effective date on the Department of State's records.

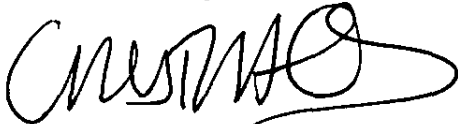
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

By consent of all members, the company
in Florida will be dissolved.

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

CRISTINA GRAHAM
888 BISCAYNE BLVD, STE 505
MIAMI, FL, 33132

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

CRISTINA GRAHAM

Printed Name

FILING FEE: \$25.00

16 SEP 19 AM 11:59
RECEIVED
CORPORATION