

L69000089898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

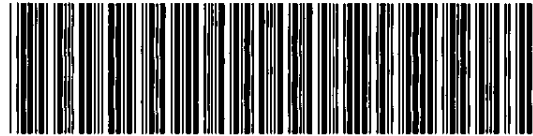
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800193959978

03/15/11--01002--016 **7.50

03/02/11--01001--006 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 11 PM 4:09

T. HAMPTON

MAR 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COTRONICATEL 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:

FILADELFO PÉREZ

(Name of Person)

(Firm/Company)

174 ASHLAND AVE.

(Address)

SECAINE, PA 19018

(City/State and Zip Code)

For further information concerning this matter, please call:

FILADELFO PÉREZ

(Name of Person)

at (786) 7355226

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAR 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 2, 2011

FILADELFO PEREZ
174 ASHLAND AVE
SECANE, PA 19018

SUBJECT: COTRONICATEL LLC
Ref. Number: L09000089898

We have received your document for COTRONICATEL LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$7.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 811A00005168

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 11 PM 4:09

1. The name of a limited liability company is

COTRONICATEL LLC

2. The Articles of Organization were filed on 09/17/2009 and assigned document number

LO9000089898

3. The date the dissolution was approved: 02/22/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

THERE IS NO BUSINESS

THE LLC HAS NOT COMMENCED BUSINESS

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Filadelfo Pérez

Printed Name

FILADELFO PÉREZ