

L10000024212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

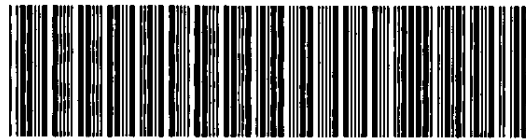
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/14--01013--006 **25.00

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14 MAY 19 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

eff
5/12/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maluto, 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:

Lucien Campillo

(Name of Person)

(Firm/Company)

4935 58th Avenue South

(Address)

St. Petersburg, Florida 33715

(City/State and Zip Code)

For further information concerning this matter, please call:

Lucien Campillo

(Name of Person)

at (727 452-8539)
(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 Maluto LLC.
2. The Articles of Organization were filed on March 3, 2010 and assigned document number L10000024212
3. The delayed effective date the dissolution if not effective on the date of filing: 05/22/2014
(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).
Business was sold on December 3, 2013. Operations ceased on this day.
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

Lucien Campillo

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
ALLAHABAD, FLORIDA

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