

L10000131719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

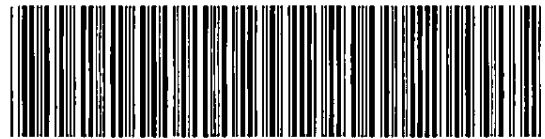
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2024 APR -1 AM 11:57

# ReefSmart Aquariums

March 25, 2024

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

Dear Sir or Madam:

Please issue a Dissolution for my company ReefSmart Aquariums, LLC. And mail certificate to my home address as follows:

My name is Maria J Campos  
15451 SW 115 Terrace  
Miami, Florida 33196  
305-903-4366

Thank you

*Maria Campos*  
Maria Campos

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reefsmart Aquariums, 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:

Maria J. Campos  
(Name of Person)

Reefsmart Aquariums LLC  
(Firm/Company)

15451 SW 115 Terrace  
(Address)

Miami Florida 33196  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria J. Campos at (305) 903-4366  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ReefSmart Aquariums, LLC

2. The Articles of Organization were filed on 1-2-2011 and assigned

document number L10000131719

3. The delayed effective date the dissolution if not effective on the date of filing: 4-10-2014  
(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).

We closed our company a few years ago  
due to lack of business. No income had  
to close store

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

Maria J. Campos

Jorge A. Campos Jr

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:

Maria Campos  
Signature

Maria J. Campos  
Printed Name

**FILING FEE: \$25.00**