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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations					
CELLULAND HOLDINGS, LLC					
SUBJECT.	(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:					
CHRISTIAM CARDENAS, ESQ.					
(Name of Person)					
LOUIS A. SUPRASKI, P.A.					
(Firm/Company)					
	2450 NE MIAMI GARDENS DR. 2ND FLOOR				
	(A	ddress)			
	MIAMI, FL 33180				
(City/State and Zip Code)					
For further i	nformation concerning this matter, please call:				
L	DUIS A. SUPRASKI, ESQ.	305 792-0060			
	(Name of Person)	at ()(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	STREET/COURIER ADDRESS: Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301



April 23, 2014

CHRISTIAN CARDENAS, ESQ 2450 NE MIAMI GARDENS DR 2ND FLOOR MIAMI, FL 33180

SUBJECT: CELLULAND HOLDINGS, LLC

Ref. Number: L11000028868

We have received your document for CELLULAND HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return 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) 245-6051.

Letter Number: 514A00008670

Tim Burch Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is CELLULAND HOLDINGS, LLC			
2.	. The Articles of Organization were filed on and assign	_ and assigned		
	document number <u>L11000028868</u>			
3.	. The delayed effective date the dissolution if not effective on the date of filing: 04/29/20 (effective date cannot be prior to or more than 90 days later than date document is re	on the date of filing: 04/29/2014  n 90 days later than date document is received for filing)		
4.	description of occurrence that resulted in the limited liability company's dissolution pursuant to 5.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	The consent of all the members of the company.		1	
			PR T	
		SEE.	8 PM	
		F STAD		
5.	. If there are no members, enter the name and address of the person appointed to wind up t activities and affairs:	he compar	⊶ <i>.</i> ≘ ny's —	
6, lis	Signature of an authorized person or if there are no members, the signature of the person sted above to wind up the company's activities and affairs:	appointed	and	
	LOUIS A. SUPRASKI, ESQ.  Signature  Printed Name			
	Signature Printed Name			

FILING FEE: \$25.00