

L 11 0000 44117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

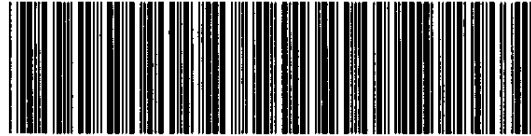
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/18/14--01008--009 **25.00

14 JUN 18 01 02 25
FALLS CHURCH, VIRGINIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIOCELLS USA, 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:

Awilda Cintron

(Name of Person)

Hernandez & Company, CPA's

(Firm/Company)

2320 Ponce de Leon Blvd.

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Awilda Cintron

(Name of Person)

at (

305

) 444-8800

(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:

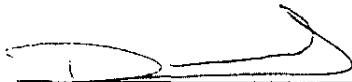
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
BIOCELLS USA, LLC
2. The Articles of Organization were filed on 04/13/2011 and assigned
document number L11000044113
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
no business activity / cancelled with the Florida Dept
of revenue.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Diego Rissola
2045 Executive Park Dr. Suite 157
Weston, FL. 33331
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

Diego Rissola

Printed Name

FILING FEE: \$25.00

14 JUN 19 5:49:25
TALLAHASSEE, FLORIDA