

L11000048087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

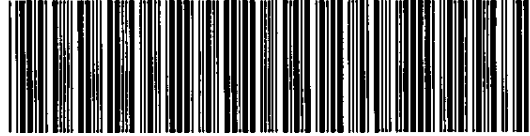
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/15--01003--001 **25.00

FILED
2015 APR -2 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sendel Labs, 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:

Robert De Lima

(Name of Person)

Sendel Labs

(Firm/Company)

9755 West Sample Rd

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert De Lima

(Name of Person)

561

634 0223

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
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

Sendel Labs, LLC

2. The Articles of Organization were filed on 04/22/2011 and assigned

document number L11000048087

3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2015
(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 is being dissolved due to owner attending to other business ventures

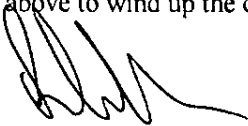
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Robert De Lima

9755 West Sample RD

Coral Springs, FL. 33065

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

Robert De Lima

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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