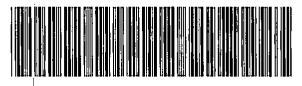
## 1100081661

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
rtified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVE	ER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Latin Link Logistic		
DOCUMENT NUMBER: L1100008	81661	
The enclosed Notice of Limited Liability Co.	mpany Dissolution and fee are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Richard R. Robles, Esqui	ire	
(Name of Co		
Richard R. Robles, P.A.		
(Firm/Company)		
905 Brickell Bay Drive, Suite 228		
(Address)		
Miami, Florida 33131		
(City/State a	and Zip Code)	
For further information concerning this matter, please call:		
Richard R. Robles	at (305) 755-9200 (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status (	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed)  (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Latin Link Logistics, LLC
Document number of Limited Liability Company is: L11000081661
Date of dissolution was: April 27, 2017
Description of information that must be included in a written claim:
The claimant must provide a reasonable description of the claim,
including, the name of the claimant, the address of the claimant,
the date the claim was incurred, the amount of the claim, any interest rate
on the claim and the basis for the claim. Latin Link Logistics, LLC does
not admit any claim at the time of this notice.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
905 Brickell Bay Drive, Suite 228
Miami, Florida 33131
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Roberto Wellisch  Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00