

L11 000081908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

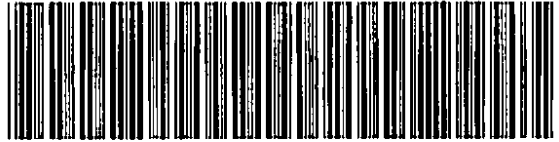
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Special Instructions to Filing Officer:

J. HORNE

MAR - 4 2022

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02/24/22--01007--005 ++25.00

2022 FEB 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAONASOL 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:

MAXIMO R. MARTE

(Name of Person)

SAONASOL LLC

(Firm/Company)

1075 CITRUS AVE. N.E.

(Address)

PALM BAY FL 32905

(City/State and Zip Code)

For further information concerning this matter, please call:

MAXIMO R. MARTE

(Name of Person)

571

402-1155

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 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

FILED

2022 FEB 24 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SAONASOL LLC

2. The Articles of Organization were filed on FLORIDA LIMITED LIABILITY C and assigned  
document number L11000081908

3. The delayed effective date the dissolution if not effective on the date of filing: 02/17/2022  
(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 DO NOT HAVE ANY OPERATON SINCE 2017

WE DO NOT HAVE ANY OPERATON SINCE 2017

WE DO NOT HAVE ANY OPERATON SINCE 2017

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

1075 CITRUS AVE. N.E. PALM BAY FL. 32905

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:

Amorrobels

Signature

Aida M Morrobels

Printed Name

FILING FEE: \$25.00