

LI 0000 92635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 APR 23 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 28 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

CLAUDIA PORRAS
12530 NW 11 LN
MIAMI, FL 33182-2440

SUBJECT: CLAP SOLUTIONS, LLC
Ref. Number: L11000092635

We have received your document for CLAP SOLUTIONS, 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00003093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAP SOLUTIONS, 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:

CLAUDIA L. PORRAS

(Name of Person)

CLAP SOLUTIONS, LLC

(Firm/Company)

12530 NW 11 LN

(Address)

MIAMI, FL 33182-2440

(City/State and Zip Code)

For further information concerning this matter, please call:

ABEL PORRAS

(Name of Person)

at 786 484-2092

(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 6227

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clerk's Building

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CLAP SOLUTIONS, LLC

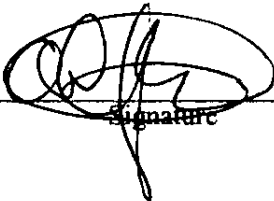
2. The Articles of Organization were filed on AUGUST 12, 2011 and assigned
document number L11000092635

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 23, 2014
(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).
THE BUSINESS WAS NOT PROFITABLE

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NONE

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

ABEL PORRAS

Printed Name

FILING FEE: \$25.00

FILED
4 APR 23 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA