

L12 0000 45072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

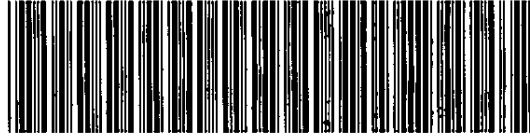
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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06/03/16--01011--019 \*\*25.00

16 JUN -3 AM 8:23  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Boxtainer Container Business 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:

Mario F. Lopes

(Name of Person)

Boxtainer Container Business LLC

(Firm/Company)

1534 NW 45th Street

(Address)

Pompano Beach, Florida zip code 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

Mario F. Lopes

(Name of Person)

at ( 954 ) 5582077

(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

Boxtainer Container Business LLC

2. The Articles of Organization were filed on 04/02/2012 and assigned

document number L12000045072

3. The delayed effective date the dissolution if not effective on the date of filing: 05/31/2016

(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).

Loosing business

No enough income to keep the business on

Business got so slow, no sale for over 6 months.

Loss of money occurred due very weak movement in sales.

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

activities and affairs:

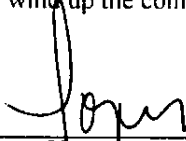
Mario F. Lopes

1534 NW 45th Street

Pompano Beach, Florida

zip code 33064

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

Mario F. Lopes

Printed Name

**FILING FEE: \$25.00**

16 JUN - 8 AM 8:23  
STATE OF FLORIDA  
DEPARTMENT OF STATE