

L120000 54687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

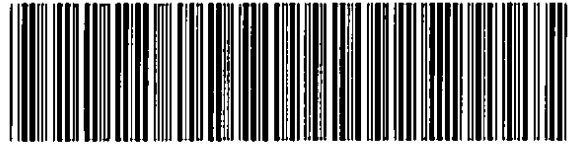
(Document Number)

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Notice/Diss

MAR 11 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABCORP ECUADOR BEVERAGES COMPANY, LLC

DOCUMENT NUMBER: L12000054687

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar Arroyo, with a copy to José F. Valdivia, III

(Name of Contact Person)

(Firm/Company)

600 Brickell Avenue, Suite 2700

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

José F. Valdivia, III

at (305)

4596646

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & 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

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: CABCORP ECUADOR BEVERAGES COMPANY, LLC

Document number of Limited Liability Company is: L12000054687

Date of dissolution was: 12/27/2019

Description of information that must be included in a written claim:

Name of claimant

Amount claimed

Description of claim

Date that claim arose

Relationship with the Corporation

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Oscar Arroyo, with a copy to José F. Valdivia, III

600 Brickell Avenue

Suite 2700

MMiami, 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.

OSCAR ARROYO

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