

L12000123535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

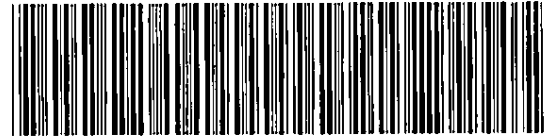
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400366558074

REC'D
MAY 19 AM 11:00
STATE
OFFICE

REC'D
MAY 19 AM 11:23
TALLAHASSEE, FLORIDA

MAY 19 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/19/2020

****WALK IN****

ENTITY NAME UNION TRADE LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Union Trade LLC

2. The Articles of Organization were filed on 9/26/2012 and assigned
document number 112000123535

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

THE COMPANY DOES NOT HAVE ANY
MORE ACTIVITY

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

VERÓNICA ORTIZ

AVDA 18 DE JULIO 1744 / 102

MONTEVIDEO - URUGUAY

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:

Verónica Ortiz
Signature

VERÓNICA ORTIZ
Printed Name

FILING FEE: \$25.00

FILED
SEP 27 2012
9 AM 11:00
CLERK