

L13 0000 48479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

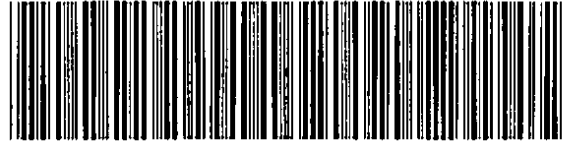
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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FEB 13 2020
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2020 JAN -6 PM 2:27

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CCIS
AND DIS

FEB 05 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solsa
(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:

Leslie McLendon
(Name of Person)

Solsa
(Firm/Company)

4929 NW 13th Ave
(Address)

Gainesville, FL 32605
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie McLendon at 352, 514-3367
(Name of Person) (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
2020 JAN -6 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Salsa

2. The Articles of Organization were filed on 4/2/2013 and assigned

document number L13000048479

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).

I've never actually made or sold anything.

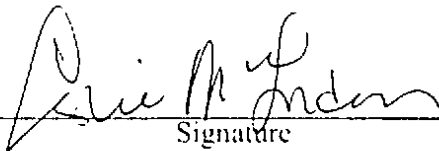
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Leslie McLendon

4929 NW 13th Ave

Gainesville, FL 32605

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

Leslie McLendon
Printed Name

FILING FEE: \$25.00