

L17000126676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

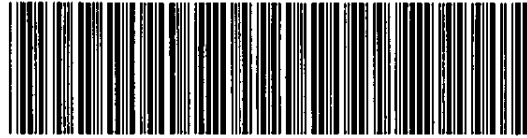
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN - 6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 07 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2014

ANGEL SANCHEZ TORRACA
39 LAS BRISAS WAY
KISSIMMEE, FL 34743

SUBJECT: CARE CAPITAL, LLC
Ref. Number: L13000126676

We have received your document for CARE CAPITAL, 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):

Please fill out #4 of the application.

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: 814A00026805

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARE CAPITAL, 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:

ANGEL L. SANCHEZ TORRACA

(Name of Person)

(Firm/Company)

39 LAS BRISAS WAY

(Address)

KISSIMMEE, FL 34743

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL L. SANCHEZ TORRACA

(Name of Person)

407

552-2102

at ()

(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
CARE CAPITAL, LLC

2. The Articles of Organization were filed on September 9, 2013 and assigned
document number L13000126676

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)

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 never did business with this entity.
The project I was going to start with
fell through.*

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

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:

Angel L. Sanchez Torraca
Signature

ANGEL L. SANCHEZ TORRACA
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA