

L13000148611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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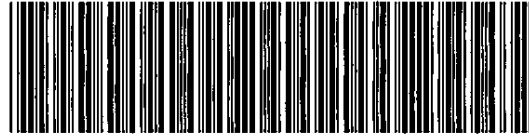
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SPH
9/9/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISTRIBUIDORA RAMOS 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:

FULTON ABRAHAM SANCHEZ, CPA

(Name of Person)

FULTON ABRAHAM SANCHEZ, CPA PA

(Firm/Company)

9010 SW 137 AV SUITE 218

(Address)

MIAMI FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

FULTON ABRAHAM

(Name of Person)

305

332-3898

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

Fulton Abraham Sanchez, CPA
9010 SW 137 AV, Suite 218
Miami, FL 33186

SUBJECT: DISTRIBUIDORA RAMOS LLC
Ref. Number: L13000148611

We have received your document for DISTRIBUIDORA RAMOS 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):

The effective date listed cannot be prior to the date of filing or more than 90 days in the future. Our office received your document on July 28, 2014. Please amend your document accordingly.

Please return 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.

Elliott R McCaskill
Registration Specialist II

Letter Number: 514A00017813

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

DISTRIBUIDORA RAMOS LLC

2. The Articles of Organization were filed on 10/22/2013 _____ and assigned

document number L13000148611

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).

LIMITED LIABILITY COMPANY WITH NO ACTIVITY SINCE INCEPTION.

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:



Signature

MARCO TULIO RAMOS

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA