L13000172913

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



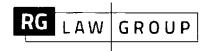
200293055522

200293055522 12/13/16--01014--022 **25.00

SECRETARY OF STATE

2016 DEC 13 PM 5: 1

K. SALY DEC 14 2016



December 12, 2016

VIA FEDERAL EXPRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Dissolution for Limited Liability Company - CALAS, LLC

To Whom it May Concern:

Enclosed please find executed Articles of Dissolution, Notice of Limited Liability Company Dissolution and Cover Letter for CALAS, LLC. Also enclosed is check number 5626 in the amount of Twenty Five Dollars (\$25.00) made payable to Division of Corporations for the filing fee of the above-referenced documents.

Should you have any questions, please do not hesitate contact me.

Sincerely

ADIAGNIS'S. MORALES, ESQ.

For the firm

COVER LETTER*

TO:

Registration Section **Division of Corporations**

SUBJECT:

CALAS, 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:

RICARDO A. GONZALEZ

(Name of Person)

ARG CORPORATE SERVICES, LLC

(Firm/Company)

1989 NW 88 COURT, SUITE 101

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO A. GONZALEZ at (305) 591-8844

(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/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2016 DEC 13 PM 5: 11

SECRETARY OF STATE
ANASSEE, FLORIDA 1. The name of a limited liability company is CALAS, LLC 2. The Articles of Organization were filed on ____12/16/2013 and assigned document number _L13000172913 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 consent to dissolution of Calas, LLC was obtained from the sole member of the limited liability company on November 15, 2016. The number of votes cast for the dissolution of the limited liability company was sufficient for approval. 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: By: ARG Corporate Services, LLC, its Manager, Ricardo A. Gonzalez, Manager Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

2016 DEC 13 PM 5: 1, 1ALLAHASSEE FLORE n of payment of FLORE

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of FLORIOS 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: CALAS, LLC	
Document number of Limited Liability Company is: L13000172913	
Date of dissolution was:	
Description of information that must be included in a written claim:	
(1) The name of the person(s) or entity submitting the claim;	
(2) A description of the nature of the claim submitted;	
(3) The date upon which the claimant believes the claim arose; a	nd
(4) The mailing address, phone number, and e-mail address of th	e claimant.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	orations)
ARG Corporate Services, LLC	
ARG Corporate Services, LLC 1989 NW 88th Court, Suite 101	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

By: ARG Corporate Services, LLC, its Manager, RICARDO A. GONZALEZ, Manager

claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing