

L140000641830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265145158

10/14/14--01031--016 **25.00

FILED
2014 OCT 14 AM 9:36
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

OCT 17 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L14000064830

(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:

YAMILA RIVERO

(Name of Person)

(Firm/Company)

215 E FULTON STREET APT 109

(Address)

LANCASTER, PA 17601

(City/State and Zip Code)

For further information concerning this matter, please call:

YAMILA RIVERO

(Name of Person)

717

330-8947

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

FILED
2014 OCT 14 AM 9:36
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is

SMARTRADEC LLC

2. The Articles of Organization were filed on 10/09/2014 and assigned

document number L14000064830

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).

DISAGREEMENT OF PARTNERS. PARTNERSHIP INSOLVENT

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

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

YAMILA RIVERO

Printed Name

FILING FEE: \$25.00

FILED
CLERK OF DISTRICT COURT
JANUARY 14, 2015
TALLAHASSEE, FLORIDA

2014 OCT 14 AM 9:36

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of 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: SMARTRADEC LLC

Document number of Limited Liability Company is: L14000064830

Date of dissolution was: 10/09/2014

Description of information that must be included in a written claim:

SUBJECT MATTER, AMOUNT INVOLVED IF ANY, DATE OF TRANSACTION

NAME OF CONTACT PERSON

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

215 E FULTONN STREET APT 109

LANCASTER, PA 17601

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

YAMILA RIVERO

Printed Name of the Person Filing



Signature of the Person Filing

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

FILED
2014 OCT 14 AM 9:36
CLERK OF STATE
TALLAHASSEE FLORIDA