

U4 000 1020FS

(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



800275441498

08/10/15--01012--005 **25.00

FILED
15 AUG 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SANTAGUDIN BUENAVISTA 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:

Crisostomo L Buenavista

(Name of Person)

Santagudin Buenavista LLC

(Firm/Company)

961 Pinoak Ln

(Address)

Cantonment, FL 32533

(City/State and Zip Code)

For further information concerning this matter, please call:

Crisostomo L Buenavista at **850** **968-1153**

(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**

1. The name of a limited liability company is

Santagudin Buenavista LLC

2. The Articles of Organization were filed on 6-25-2014 and assigned

document number L14000102089

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

My wife and I thought we could start our own company. Alas, we bit off more than we could chew. The experience

has been humbling to say the least. Clearly we didn't do our homework up front and due diligence on what it

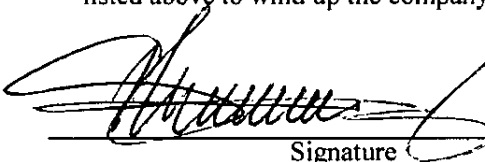
takes to establish a company. So, rather than be foolhardy, we will dissolve this entity for now, wait until we

can gather and line up all our ducks in a row, then do a restart.

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

FILED
15 AUG 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Crisostomo L Buenavista

Printed Name

FILING FEE: \$25.00