

L14000104129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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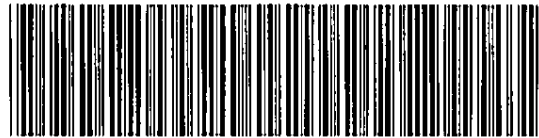
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/18--01008--010 **25.00

FILED
18 MAY -1 AM 4:12
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K SALY
SEP 25 2018

Continue

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TO
Dept of Corporations
ATTN: KAREN

850 245 6030

FROM
LUIS ALBERTO DIAZ
904 233-3366

RECEIVED
2018 SEP 24 PM 1:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUIS ALBERTO DIAZ 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:

LUIS ALBERTO DIAZ

(Name of Person)

(Firm/Company)

2380 STONEHAVEN CT. E.

(Address)

ORANGE PARK FL 32065

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS ALBERTO DIAZ

(Name of Person)

at (904) 2333366

(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**

FILED
18 MAY -1 AM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
LUIS ALBERTO DIAZ LLC

2. The Articles of Organization were filed on 07/01/2014 and assigned
document number 114000104129

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)
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).
DO NOT NEED IT ANYMORE

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

2380 STONEHAVEN CT. E.

ORANGE PARK FL 32065

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

LUIS ALBERTO DIAZ

Printed Name

FILING FEE: \$25.00