L14000 11755c

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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AUG 03 2015 J SHIVERS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

SAFERPAK PLASTICOS USA, 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:

MARCOS REZENDE

(Name of Person)

CSG - CAPITAL SERVICES GROUP INC

(Firm/Company)

446 W HILLSBORO BLVD

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS REZENDE

954

427-4770

(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 lia SAFERPAK PLASTICOS	• •		
2. The Articles of Organiza	ntion were filed on 07/	14/2014	and assigned
document number L1400	0113990		
	tive date cannot be prior to in this block does not me	or more than 90 days later than da eet the applicable statutory filir	ing: ate document is received for filing) ag requirements, this date will not be
4. A description of occurrent 605.0707, Florida Statute	nce that resulted in the es, (copy 605.0707 on	limited liability company's back cover letter).	s dissolution pursuant to section
BUSINESS NO LONGER	OPERATING.		
. 5. If there are no members, activities and affairs:		dress of the person appointed	ed to wind up the company's
activities and arrans.	1375 GATEWAY	BOULEVARD	SVELY STATE
	BOYNTON BEAC	PH, FL 33426	YOUR STAN
6. Signature of an authorize listed above to wind up the	ed person or if there are company's activities a		e of the person appointed and
Signature	ē)	<u></u> Prin	たらてもへりも ted Name
/	/		** *

FILING FEE: \$25.00