

L14000120124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

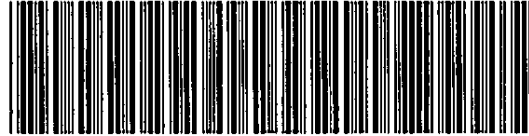
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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16 APR 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 02 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salus Row, 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:

Ervin Hernandez
(Name of Person)

Salus Row, LLC
(Firm/Company)

5730 SW 58th Court
(Address)

Davie FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

Ervin Hernandez at (786) 251-0105
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 29 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 8, 2016

ERVIN HERNANDEZ
19 TOLEDO COURT
DAVIE, FL 33024

SUBJECT: SALUS RAW, LLC
Ref. Number: L14000120124

We have received your document for SALUS RAW, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00007262

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Salus Raw LLC

2. The Articles of Organization were filed on 7/30/2014 and assigned

document number 614000120124

3. The delayed effective date the dissolution if not effective on the date of filing: 4/9/2016
(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).

The business has not been profitable and each member has
different life priorities that take time away from
company business


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

Ervin Hernandez

19 Toledo Court

Davie FL 33324

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

Ervin Hernandez
Printed Name

FILING FEE: \$25.00

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15 APR 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Salus Row LLC

Document number of Limited Liability Company is: L14000120124

Date of dissolution was: 4/9/2016

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

Invoice number should be included on all claims. As well
as the time frame and the nature of the claim

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

19 Toledo Court
Dania FL 33324

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.

Ervin Hernandez
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

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

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CLERK OF DISTRICT COURT
JANUARY 1, 2016
ORID