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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA
Account Number : I20180000017
Phone : (305)340-2000
Fax Number : (786)953-6246

**LLC DISSOLUTION OR WITHDRAWAL
SICASOFT SOLUTIONS LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: SICASOFT SOLUTIONS 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:

ALEX ORTIZ, CPA

(Name of Person)

E ALEX ORTIZ, CPA, PA

(Firm/Company)

2727 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

(Name of Person)

at (305) 340-2000

(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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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APPROVED
FILED

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

1. The name of a limited liability company is
SICASOFT SOLUTIONS LLC
2. The Articles of Organization were filed on 10/24/2014 and assigned
document number L14000166766
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).
(c) Unless otherwise provided in the articles of organization or operating agreement, upon the written consent of
all the members of the limited liability company.

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

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:

X

Signature

MANUEL A POSE PALLEIRO

Printed Name

FILING FEE: \$25.00

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FILED