Division of Corporations Electronic Filing Cover Sheet

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(((H180000966703)))



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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 **COMAFISH LLC**

Certificate of Status		0
Certified Copy		0
Page Count	 · įį .	04
Estimated Charge	.,	\$25.00

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Corporate Filing Menu

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TO K. SALY

MAR 27 2018

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COVER LETTER

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TO:

Registration Section
Division of Corporations

SUBJECT:

COMAFISH 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

.305

340-2000

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2.	The Articles of Organization were filed on 11/05/2014 and assigned
	document number £14000172584
3.	The delayed effective date the dissolution if not effective on the date of filling: 03/23/2018 (effective date cannot be prior to or more than 90 days ther than date document is received for filing Note: If the date inserted in this block does not meet the applicable saggitory filling requirements, this date will disted 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 see 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 of 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 activities and affairs:
5,	
	activities and affairs:
6.	Signature of an authorized person or if there are no members, the signature of the person appointed arted above 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 arted above to wind up the company's activities and affairs:

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