

LH 000173 385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

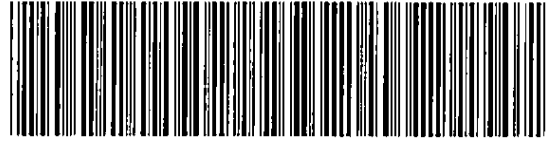
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500422177735

02/06/24--01025--022 **25.00

2024 FEB -6 PM 11:43
SECRETARY OF STATE
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&R Investments & Managements 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:

Rafael Salmeron

(Name of Person)

S&R Investments & Managements LLC

(Firm/Company)

2703 Barlett Drive

(Address)

Kissimmee, FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Salmeron

(Name of Person)

954 225-4219

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 FEB -6 PM 11:43
RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

S&R Investments & Managements LLC

2. The Articles of Organization were filed on 11/07/2021 and assigned

document number L14000173385

3. The delayed effective date the dissolution if not effective on the date of filing, 12/31/2023
(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)

Per Operating Agreement rules for dissolution, since I'm the sole member, I have decided

to dissolve this 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: Rafael Salmeron

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

Rafael Salmeron
Printed Name

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. 605.0742, 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: S&R Investments & Managements LLC

Document number of Limited Liability Company is: L14000173385

Date of dissolution was: 12/31/2023

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

Closed business.

2024 FEB - 6
10:11:14
SECRET
FALL 7/17

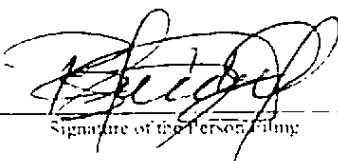
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2703 Bartlett Drive

Kissimmee, FL 34741

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.

Rafael Salmeron
Printed Name of the Person Filing


Signature of the Person Filing