

L14000177220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

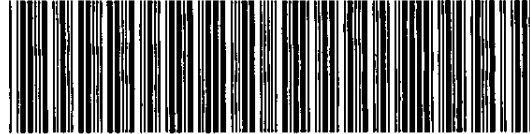
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200272334182

05/06/15--01026--007 **25.00

FILED

2015 MAY -6 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 11 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & L TRANSEXPRESSION 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:

MARGARITA GONZALEZ

(Name of Person)

GONZALEZ ACCOUNTING SERVICES

(Firm/Company)

2900 N 26TH AVE UNIT 508

(Address)

HOLLYWOOD FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARITA GONZALEZ

(Name of Person)

305 469-2498

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY - 6 PM 2:00

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

1. The name of a limited liability company is

C & L TRANSEXPRESSION LLC

2. The Articles of Organization were filed on 11/14/2014 and assigned

document number L14000177220

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)

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).

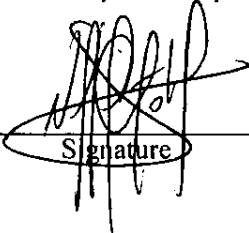
NEED MORE TIME TO LEARN ABOUT BUSINESS

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

10535 NW 37TH ST

CORAL SPRING FL 33065

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

CRISTOBAL VILLARROEL

Printed Name

FILING FEE: \$25.00

FILED
2015 MAY -6 PM 2:00
CLERK OF STATE
TALLAHASSEE FLORIDA