L15000020765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

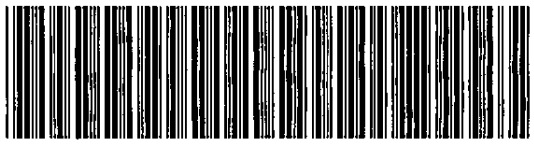
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200280260842

12/22/15--01015--020 **55.00

FILED
15 DEC 22 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGAL TRANSLATIONS CENTER, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTHA ARAUJO
Name of Person

Legal Translations Center, LLC
Firm/Company

2871 N. Ocean Blvd., Apt. D302
Address

BOCA RATON, FL 33431
City/State and Zip Code

marthaprma@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTHA ARAUJO at (917) 446-5898
Name of Person Area Code Daytime Telephone Number

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E141 (2/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGAL TRANSLATIONS CENTER, 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:

MARTHA ARAUJO
(Name of Person)

(Firm/Company)

2871 N. OCEAN BLVD., APT. D302
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA ARAUJO at (917) 446-5898
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LEGAL TRANSCATIONS CENTER, LLC

2. The Articles of Organization were filed on 02/03/2015 and assigned

document number L15000020765

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Consent of all the members

15 DEC 22 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

MARTHA ARAUJO
2871 N. OCEAN BLVD., Apt. D302
BOCA RATON, FL 33431

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

MARTHA ARAUJO
Printed Name

FILING FEE: $25.00