

L15000030587

(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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05/02/16--01013--017 **25.00

2016 MAY -2 P 2:59
SECRETARY OF STATE
TAMMASEE, FLORIDA

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SALT LIFE IN A BOX 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:

CARLOS PIESCHACON

(Name of Person)

SALT LIFE IN A BOX LLC

(Firm/Company)

3399 NW 72nd AVE, SUITE 111

(Address)

MIAMI, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS PIESCHACON at (**305**) **592-7707**

(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

SALT LIFE IN A BOX LLC

2. The Articles of Organization were filed on 02/18/2015 and assigned

document number L15000030587

3. The delayed effective date the dissolution is 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).

THE DISSOLUTION OF SALT LIFE IN A BOX LLC IS BASED IN THE CONCERN OF ALL MEMBERS

PURSUANT CHAPTER 601 SECTION 0701 OF THE FLORIDA STATUTE

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:


Signature

CARLOS PIESCHACON

Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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. 605.0712, 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: SALT LIFE IN A BOX LLC

Document number of Limited Liability Company is: L15000030587

Date of dissolution was: 04/26/2016

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

ORIGINAL DOCUMENTS EMITED OR ACCEPTED BY
THE COMPANY

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

3399 NW 72 AVE

SUITE 111

MIAMI, FL 33122

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

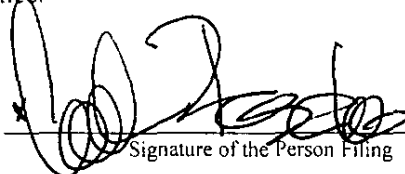
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CARLOS PIESCHACON

Printed Name of the Person Filing


Signature of the Person Filing