

L15000047069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

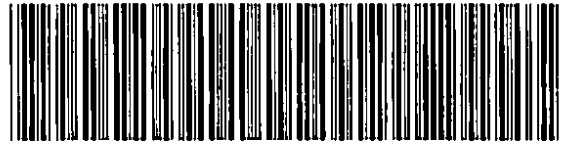
(Business Entity Name)

(Document Number)

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JOHN L. ALLEN, JR.
TALLAHASSEE, FLORIDA

AUG 15 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GUIMARAES TRUST 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:

CLAUDIA SALCEDO

(Name of Person)

(Firm/Company)

5036 DR. PHILLIPS BLVD # 183

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

CLAUDIA SALCEDO

(Name of Person)

at (**954**) **696-1886**

(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

GUIMARAES TRUST LLC

2. The Articles of Organization were filed on MARCH 16, 2015 and assigned

document number L15000047069

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)

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).

COMPANY IS NOT BEING USED FOR ANY PURPOSE

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

5036 DR. PHILLIPS BLVD # 183

ORLANDO, FL 32819

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

CLAUDIA SALCEDO

Printed Name

FILING FEE: \$25.00

FILED
18 AUG 13 PM 6:51
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA