

L150000 50370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

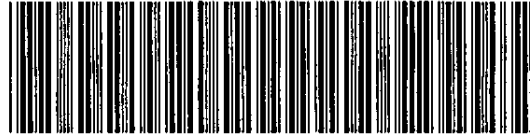
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 02 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGO CONNECT LLC

DOCUMENT NUMBER: L15000050370

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL MELENDEZ

(Name of Contact Person)

MELENDEZ VEGA, LLC

(Firm/Company)

10631 N KENDALL DR SUITE 110

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL MELENDEZ

(Name of Contact Person)

at (**305**) **271-5841**

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

ARGO CONNECT, LLC

2. The Articles of Organization were filed on MARCH 20, 2015 and assigned

document number L15 000050370

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)

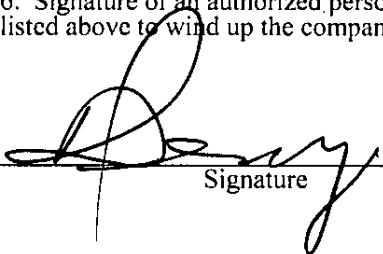
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

THE company is no longer in 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: _____

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 DOMINGUEZ
Printed Name

15 AUG 31 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA