L15000 114727

(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:				
		,		





500287427865

07/27/16--01006--020 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

SEBASTIAN LOPEZ GOMEZ 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:

JULISSA ROSADO

(Name of Person)

DCM SERVICES CENTER

(Firm/Company)

7208 N ARMENIA AVE

(Address)

TAMPA, FLORIDA 33604

(City/State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

_

.813

990-8630

(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 c SEBASTIAN LOPEZ GOMEZ LL			·
2. The Articles of Organization we	re filed on 07/02/2015		and assigned
document number L15000114727	7		
3. The delayed effective date the di (effective date of Note: If the date inserted in this blaisted as the document's effective date.	lock does not meet the a	oplicable statutory filin	ing: te document is received for filing) g requirements, this date will not b
4. A description of occurrence that 605.0707, Florida Statutes, (copy	resulted in the limited 605.0707 on back co	I liability company's ver letter).	dissolution pursuant to section
BUSINESS NO LONGER OPERAT	rion		
		·	
5. If there are no members, enter th activities and affairs:	e name and address of BIN PEREZ LLC	the person appointe	d to wind up the company's
Signature of an authorized person listed above to wind up the company	n or if there are no me y's activities and affai	mbers, the signature rs:	of the person appointed and
Steret w Cons		SEBASTIAN LOPEZ (
Signature		Printed Name	

FILING FEE: \$25.00