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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 Phone : (305)871-0889 Fax Number : (305)870-9623

LLC DISSOLUTION OR WITHDRAWAL COLELAP LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

TO: Registration Section Division of Corporations			
COLELAP LLC			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing.		
Please return all correspondence concerning this matter to	o the following:		
YANELLE M. BARINAS			
(No	aine of Person)		
BARINAS AND ASSOCIATES INC.			
(Firm:Company)			
5701 NW 36TH ST			
	(Address)		
VIRGINIA GARDENS, FL 33166			
(City/S	tate and Zip Code)		
For further information concerning this matter, please ca	111:		
YANELLE M. BARINAS	305 871-0889		
(Name of Person)	at (
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:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

From: Yanelle Barinas

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



18882140633

1.	The name of a limited liability company is COLELAP LLC		
2.	The Articles of Organization were filed on 08/18/2015	and assigned	
	document number L15000141128		
3.	The delayed effective date the dissolution if not effective on the date of filing: 03/10/2025 (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 liab 605.0707, Florida Statutes, (copy 605.0707 on back cover le	lity company's dissolution pursuant to section enter).	
OPERATIONS CEASED, ASSET SOLD.			
5.	If there are no members, enter the name and address of the activities and affairs:	person appointed to wind up the company's	
6. ab	Signature of an authorized person or if there are no member sove to wind up the company's activities and affairs:	rs, the signature of the person appointed and listed	
	ROSAUMA GESUMARIA ROS.	ALINDA GESUMARIA SAN JUAN	
	Signature	Printed Name	

FILING FEE: \$25.00