116000057945

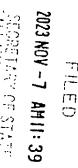
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DENNIS DEC 1 - 2023					

Office Use Only



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. COVER LETTER

TO:	Registration Section Division of Corporations					
CHBI	GUIDEWELL-SANITAS II.	1. 1. C	•			
SORI	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The e	nclosed Statement of Termination	n and fee(s) are subn	nitted for filing.			
Please	e return all correspondence conce	erning this matter to	the following:			
Ignacio) Arabeity					
SANIT	Name of Person AS USA, INC		_			
	Firm/Company		_			
8400 N	W 33 street, suite 201					
•	Address					
Miami.	. Florida, 33122					
	City/State and Zip Code	e	_			
iarabei	ty(a)mysanitas.com					
E-ma	ail address: (to be used for future	annual report notific	cation)			
For fu	rther information concerning this	s matter, please call:				
Adrian	a Rivera-Montoya	786 at (6796229			
	Name of Person	Area Cod	e Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	rananassee, ft. 32314		Tallahassee, FL 32303			

CR2E141 (2/14)

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida St FIRST: The name of the limited liability of	·	
SECOND: The Florida Document number	of the limited liability company is: _	L16000057945
THIRD: The date of filing of the initial ar	ticles of organization is: March 24, 201	6
FOURTH: The date of filing of the dissol	ution is: October 2, 2023	
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities	and affairs and has determined
— Docusioned by: Ignacio Arabeity	Ignacio Arabeity	
Ignatio Arabuity Signature of Authorized Representative	Typed or printed name of signa	ature
Ceri CR2E141 (2/14)	Filing Fee: \$25.00 lified Copy: \$30.00 (optional)	FILED 2023 NOV -7 AM II: 39 SECRETARY OF STARS

DS RM DS DS