

L16000057945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUIDEWELL-SANTAS II, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ignacio Arabeity

Name of Person

SANTAS USA, INC

Firm/Company

8400 NW 33 street, suite 201

Address

Miami, Florida, 33122

City/State and Zip Code

iarabeity@mysantas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Rivera-Montoya

at (786) 6796229

Name of Person

Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: GUIDEWELL-SANITAS II, LLC

SECOND: The Florida Document number of the limited liability company is: L16000057945

THIRD: The date of filing of the initial articles of organization is: March 24, 2016

FOURTH: The date of filing of the dissolution is: October 2, 2023

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

DocuSigned by:

Ignacio Arabeity

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Signature of Authorized Representative

Ignacio Arabeity

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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