

L16000119218

(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:

7/17

Office Use Only



500310314175

08/13/18--01013--022 **25.00

2018 JUL 13 PM 2:31
RECEIVED
CLERK OF COURT
JUL 13 2018

N. CAUSSEAU

JUL 26 2018



FAJARDO & Associates, LLC

Accounting, Tax, & Consulting Services
8725 NW 18th Terrace, Suite 209
Doral, FL 33172
Phone: 305-260-4600
Fax: 305-265-5005
www.fajardocpa.com

07/13/2018

Yasmine Sulker
Registration Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

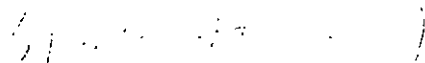
RE: Comp 4 U LLC, Document Number: L16000119218

Dear Ms. Sulker,

I had sent a check for the \$25 together with Notice of Limited Company Dissolution thinking that it would have had closed the company effective the day of March 9, 2018. But, I found out today that I needed to send over the Articles of Dissolution for a Limited Liability Company instead. I have included the Articles of Dissolution for A Limited Liability Company and attached the copy of the cancelled check both front and back to show proof that I had paid for the service. I hope this is sufficient to close out the company effective March 9, 2018 which was the intended date.

If you have any questions, please do not hesitate to contact me.

Sincerely,



D. Ruben Fajardo Jr.
Registered Agent

2018 JUL 17 PM 12:19
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comp 4 U 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:

Roberto Gutierrez

(Name of Person)

Comp 4 U LLC

(Firm/Company)

8567 Coral Way, #554

(Address)

Miami, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Gutierrez

(Name of Person)

at (786) 612-2230

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2018

ROBERTO GUTIERREZ
8567 CORAL WAY #554
MIAMI, FL 33155

SUBJECT: COMP 4 U LLC
Ref. Number: L16000119218

We have received your document for COMP 4 U LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 918A00005199

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Comp 4 U LLC

2. The Articles of Organization were filed on 06/21/2016 and assigned

document number L16000119218

3. The delayed effective date the dissolution if not effective on the date of filing: 03/09/2018

(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).

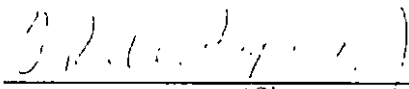
Company was closed and accordingly filed final returns with the Internal Revenue Service and the Florida

Department of Revenue.

5. If there are no members, enter the name and address of the person appointed to wind up the company:

activities and affairs: D. Ruben Fajardo Jr., Registered Agent

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

D. Ruben Fajardo Jr., Registered Agent

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Comp 4 U LLC

Document number of Limited Liability Company is: L16000119218

Date of dissolution was: 03/09/2018

Description of information that must be included in a written claim:

Filed final return for company and will not transact any more
transactions as such.

2018 JUL 20 PM 2:31

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

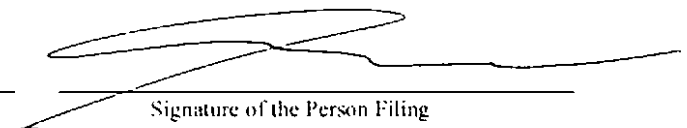
8567 Coral Way, # 554

Miami, FL 33155

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Roberto Gutierrez

Printed Name of the Person Filing


Signature of the Person Filing