

L16000162168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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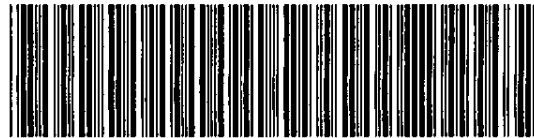
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
17 MAR 27 PM 2:45

MAR 28 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOUCH USA 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:

MARIA LUISA LEDEZMA
(Name of Person)

(Firm/Company)

8800 DORAL BLVD # 4555
(Address)

DORAL, FL 33178
(City/State and Zip Code)

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For further information concerning this matter, please call:

MARIA LUISA LEDEZMA at (786) 389-6981
(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 company is

TOUCH USA LLC

2. The Articles of Organization were filed on 08/29/16 and assigned

document number L16000162168

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

NOT MEET REQUIREMENTS FOR BUSINESS
FINANCIAL AND OPERATIONAL.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: MARIA LUISA LEDERMA

8800 DORAL BLVD #4555

DORAL, FL 33178

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

MARIA LUISA LEDERMA
Printed Name

FILING FEE: \$25.00

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