

L17000100779

(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:

Office Use Only



200312688482

04/30/18--01054--001 **25.00

18 APR 27 PM 4:9
CLERK OF COURT
ALABAMA
ALABAMA

J. LEGGETT
MAY 02 2018

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

JUAN CARLOS
3400 RIVERDALE DR
DADE CITY, FL 33523 US

SUBJECT: OLASCOAGA CONSTRUCTION, LLC
Ref. Number: L17000100779

We have received your document for OLASCOAGA CONSTRUCTION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Proper form is enclosed.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00007861

RECEIVED
2018 APR 27 PM 3:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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

1. The name of a limited liability company is

OLASCOAGA CONSTRUCTION, LLC.

2. The Articles of Organization were filed on 5-17-17 and assigned

document number L17000100779

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-17
(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).

POOR MANAGEMENT & LOSS OF MONEY

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

JUAN CARLOS OLASCOAGA HERNANDEZ
3400 RIVERDALE DR
DADE CITY, FL 33523

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]
Signature

JUAN CARLOS OLASCOAGA HERNANDEZ
Printed Name

FILING FEE: \$25.00