

L17000 179303

(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:

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08/27/19--01017--002 **30.00

SEP 27 2019
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SEP 26 PM 3:15
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPANY DISSOLUTION

DOCUMENT NUMBER: L17000179303

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE YEGRES

(Name of Contact Person)

SIMTEL C.A., LLC

(Firm/Company)

2700 GLADES CIRCLE OFFICE C 109

(Address)

WESTON, FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE YEGRES

(Name of Contact Person)

at **(954) 494-6105**

(Area Code)

494-6105

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: SIMTEL C.A., LLC

Document number of Limited Liability Company is: L17000179303

Date of dissolution was: 08.20.2019

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

Please be advised that Simtel C.A., LLC will be dissolved by shareholders resolution.

All claims against the partnership will be received in written, with support documents
expressing the nature of the claim. Should be sent to the name of Jorge Yegres to the Address
2700 Glades Circle Office No. C 109 Weston, Florida 33327. Claims will be honored
if documents are reliable and presented in written no later than 6 months after dissolution date.

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

Jorge Yegres

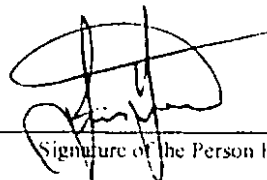
2700 Glades Circle Office No. C 109

Weston, FL 33327

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.

Jorge Yegres

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2019 SEP 26 PM 3:15

FILED