

L17 000192098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

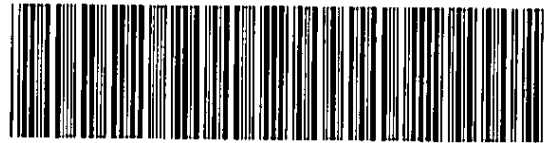
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Solucines De Movilidad Internaciaonal, L.L.C

(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:

German Bermudez

(Name of Person)

Solucines De Movilidad Internaciaonal, L.L.C

(Firm/Company)

15732 Switch Cane St.

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

K. Hunter Goff

(Name of Person)

407

898-8225

at (_____) _____

(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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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September 21, 2021

GERMAN BERMUDEZ
15732 SWITCH CANE ST
CLERMONT, FL 34711

SUBJECT: SOLUCIONES DE MOVILIDAD INTERNACIONAL, LLC
Ref. Number: L17000192098

We have received your document for SOLUCIONES DE MOVILIDAD INTERNACIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 821A00022840

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

1. The name of a limited liability company is

Solucines De Movilidad Internacioanal, LLC

2. The Articles of Organization were filed on 9/15/17 and assigned

document number 1.17000192098

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).

Pursuant to F.S. 605.0701(2), by consent of all members, the LLC shall be dissolved.

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

600 U.S. Hwy. 27, Suite 6

Minneola, FL 34715

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

K. Hunter Goff

Printed Name

FILING FEE: \$25.00

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FILED