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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

LLC DISSOLUTION OR WITHDRAWAL S.L.J. VENTURES LLC

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M. SOLOMON

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## COVER LETTER

	gistration Section vision of Corporations						
	S.L.J. VENTURES LLC						
SUBJECT:		ed Liability Company)	_				
	d Articles of Dissolution and fee(s) are submit						
	Cindy E. Calderon						
	(Name of Person)						
Geoffrey M. Wayne, P.A.				242			
	(Fin	m/Company)	} >> 1 <b>8</b> 	2921 HAY -	— <u>;</u> -,		
135 San Lorenzo Ave., PH 840							
(Address)					m		
Coral Gables, FL 33146				AH 10: 2	$\bigcirc$		
	(City/Sta	ate and Zip Code)	ORIDA ORIDA	23			
For further i	nformation concerning this matter, please call	:					
Ci	ndy E. Calderon	305 381-8108 at( )					
	(Name of Person)	at (	oet)				
Enclosed is a	check for the following amount:						
		☐ \$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					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability com     S.L.J. VENTURES LLC	oany is		
2. The Articles of Organization were	iled on 02/27/2018	and assigned	
document number L18000051315			
3. The delayed effective date the disso (effective date can Note: If the date inserted in this block listed as the document's effective date.	ot be prior to or more than 90 days later than tooes not meet the applicable statutory fi	date document is received for filing)	
4. A description of occurrence that rec 605.0707, Florida Statutes, (copy 60	ulted in the limited liability company 5.0707 on back cover letter).		
Company is dormant			
Company is dormant		A ( )	
Company is domain			
Company is dormant		: T	
		A Paragraphic Control of the Control	
5. If there are no members, enter the r	ame and address of the person appoir	سے ایا ہے۔	
activities and affairs:			
-			
6. Signature of an authorized person of above to wind up the company's activ	r if there are no members, the signatuties and affairs:	are of the person appointed and listed	
Ignacio Saenz Lancuba	Ignacio Saenz Lanc	uba	
	——————————————————————————————————————	Printed Name	

FILING FEE: \$25.00