

LIB 0000 53818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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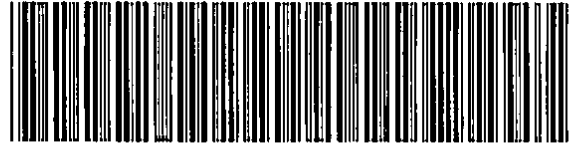
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/19/20--01015--022 \*\*25.00

FILED  
2020 MAR 19 AM 8:29  
TALLAHASSEE, FL

APR - 1 2020

J Kinsey

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crisoluna.com 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:

Linda C Garcia  
(Name of Person)

Crisoluna.com LLC  
(Firm/Company)

P.O. Box 650 636  
(Address)

Miami, FL 33265  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda C Garcia at 786 371 3392  
(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 Address:**

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

## 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: Crisoluna.com LLC

Document number of Limited Liability Company is: L18000053818

Date of dissolution was: 3/24/2020

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

The company didn't make profit.  
I Linda C. Garcia not longer can  
keep the corporation for  
health issues.

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

P.O. Box 650636  
Miami, FL 33265  
Miami, FL 33265

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.

Linda C Garcia  
Printed Name of the Person Filing

Linda C Garcia  
Signature of the Person Filing

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

1. The name of a limited liability company is

Crisoluna.com LLC

2. The Articles of Organization were filed on February 28/2018 and assigned

document number                     

L18000053818

3. The delayed effective date the dissolution if not effective on the date of filing: 03/24/2020.  
(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).

The company didn't produce any  
income. I decide to close the  
corp because health problems.

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

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:

Linda C Garcia  
Signature

Linda C Garcia  
Printed Name

**FILING FEE: \$25.00**

FILED  
2020 MAR 19 AM 9:29  
STATE OF FLORIDA  
TALLAHASSEE