

L18000054157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

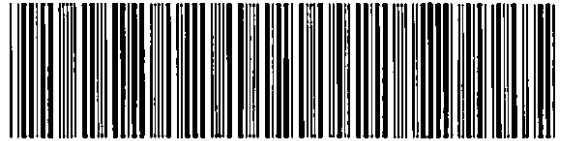
Certified Copies _____ Certificates of Status _____

~~See instructions on back of form~~

Special Instructions to Filing Officer: 

(no copy)

Office Use Only



300323645203

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 24 AM 9:58

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RECEIVED

19 JAN 24 PM 1:48

UNS
1-29-19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

January 28, 2019

CSC

SUBJECT: AREAS USA OAK, LLC
Ref. Number: L18000054157

We have received your document for AREAS USA OAK, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Must include description of information that must be included in a written claim.

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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 219A00001908

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19 JAN 28 PM 4:13

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 600571 7732494

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 24, 2019

ORDER TIME : 11:57 AM

ORDER NO. : 600571-020

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS USA OAK, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

Areas USA Oak, LLC

2. The Articles of Organization were filed on 03/05/2018 and assigned
document number L18000054157

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).

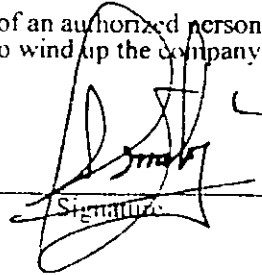
Not operating

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

Sergio Rodriguez, Manager

5301 Blue Lagoon Dr., # 690, Miami, FL 33126

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

Jose Alberto Serratos
Printed Name

FILING FEE: \$25.00

2019 JAN 24 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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