Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000007000 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone

: (407)898-1757

Fax Number

: (407)897-5336

## LLC DISSOLUTION OR WITHDRAWAL SALES DOCUMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Y SUI KER

2.1 8 ......

Page: 3 01/7/2020 04:14 PM TO:18506176383, FROM:5612934213

## **COVER LETTER**

SUBJECT:  SALES DOCUMENTS, 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:  LETICIA SANTOS  (Name of Person)  ACCOUNT BOOKKEEPING CORP  (Firm/Company)  5301 CONROY ROAD  (Address)  ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  LETICIA  (Name of Person)  Enclosed is a check for the following amount:  \$\infty\$ \$25.00 Filing Fee and Certificate of Dissolution  \[ \text{Certified Copy (additional copy is enclosed)}  \]  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  241.51 Manuare, Street Manuare, Street Suits \$10.00000000000000000000000000000000000	TO:	Registration Section Division of Corporations	
(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:  LETICIA SANTOS  (Name of Person)  ACCOUNT BOOKKEEPING CORP  (Firm/Company)  5301 CONROY ROAD  (Address)  ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  LETICIA  (Name of Person)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee	SUBL	SALES DOCUMENTS, LLC	
Piease return all correspondence concerning this matter to the following:    LETICIA SANTOS	5000		ted Liability Company)
(Name of Person)  ACCOUNT BOOKKEEPING CORP  (Firm/Company)  5301 CONROY ROAD  (Address)  ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  (Name of Person)  (Name of Person)  Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{S25.00 Filing Fee and Certificate of Dissolution} \text{Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \text{Mailing Address:} \text{Registration Section} \text{Registration Section} \text{Division of Corporations} \text{P.O. Box 6327}  The Centre of Tallahassee			
ACCOUNT BOOKKEEPING CORP  (Firm/Company)  5301 CONROY ROAD  (Address)  ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  (Name of Person)  Enclosed is a check for the following amount:  S255.00 Filing Fee and Certificate of Dissolution  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee		LETICIA SANTOS	
(Firm/Company)  5301 CONROY ROAD  (Address)  ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  Enclosed is a check for the following amount:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc		(Na	me of Person)
Sall Conroy Road   (Address)		ACCOUNT BOOKKEEPING CORP	
ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  LETICIA  (Name of Person)  (Name of Person)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee		(Fi	rm/Company)
ORLANDO - FL  (City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  (Name of Person)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Certificate and Zip Code)  (Area Code & Daytime Telephone Number)  S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		5301 CONROY ROAD	
(City/State and Zip Code)  For further information concerning this matter, please call:  LETICIA  (Name of Person)  (Name of Person)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Registration Section The Centre of Tallahassee			(Address)
Enclosed is a check for the following amount:  Second Filing Fee and Certificate of Dissolution  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Research Address: Reference Address: Reference Address: Registration Section Division of Corporations The Centre of Tallahassee		ORLANDO - FL	
LETICIA  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Resistration Section  Division of Tallahassee		(City/Si	ate and Zip Code)
(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  S25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Registration Section The Centre of Tallahassee	For fu	rther information concerning this matter, please cal	l:
(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\sum_{\text{S25.00 Filing Fee}}\$ \text{ and Certificate of Dissolution}\$  \$\sum_{\text{Certified Copy (additional copy is enclosed)}}\$  \$\sum_{\text{Registration Section}}\$ \text{ Registration Section}\$  Division of Corporations  P.O. Box 6327  (Area Code & Daytime Telephone Number)  \$\text{Street Address:}\$  Registration Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}\$  \$\text{ Street Address:}\$  Registration Section  Division of Corporations  The Centre of Tallahassee		LETICIA	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327  ■ \$35.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  ■ \$35.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  ■ \$35.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)  ■ \$35.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		(Name of Person)	(Area Code & Daytime Telephone Number)
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327   Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	Enclos	ed is a check for the following amount:	
Registration Section Division of Corporations P.O. Box 6327  Registration Section Division of Corporations The Centre of Tallahassee		S25.00 Filing Fee and Certificate of Dissolution	S\$5.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
P.O. Box 6327 The Centre of Tallahassee		Registration Section	Registration Section Division of Corporations
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Page: 4 01/7/2020 04:14 PM TO:18506176383 FROM:5612934213

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  SALES DOCUMENTS, LLC			
2.	The Articles of Organization were filed on and assigned and assigned			
	document number L18000106371			
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.	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).			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:			
6. al	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:			
	MAURICIO KIGIELA  Printed Name			