

L18000149107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

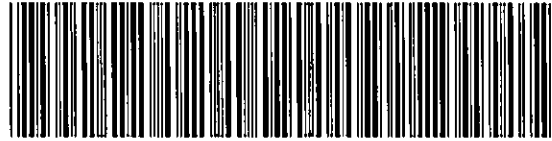
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100323645221

FILED
19 JAN 24 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
19 JAN 24 PM 1:48

CLERK OF COURT
JAN 29 2019



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2019

CSC

SUBJECT: AREAS ENROUTE INDJV, LLC
Ref. Number: L18000149107

We have received your document for AREAS ENROUTE INDJV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 719A00001779

RECEIVED
19 JAN 28 PM 4:12

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 : 11:55 AM

ORDER NO. : 600571-010

CUSTOMER NO: 7732494

DOMESTIC FILINGS

NAME: AREAS ENROUTE INDJV, 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 ENROUTE INDJV, LLC

2. The Articles of Organization were filed on 06/18/2018 and assigned

document number L18000149107

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)

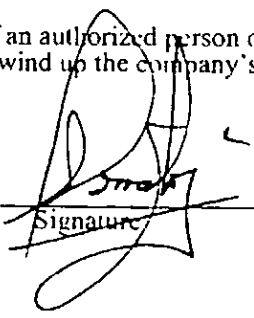
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The company is not currently 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: Jose Alberto Serratos, Manager -5301 Blue Lagoon Dr. #690 Miami, FL 33133

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

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