

# L18000175868

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

Tax Number: 1876211210

From:

Account Name: RUBEN SOUZA (202)

Account Number: 20 60060018

Phone: (407) 366 8424

Fax Number: (407) 366 8315

LLC DISSOLUTION OR WITHDRAWAL  
PERLAIN LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FILED  
JUL 11 2022  
DIVISION OF STATE  
CORPORATIONS  
FLORIDA

2022 JUL 11 PM 5:49

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T. LEMIEUX  
JUL 11 2022

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PERLATI 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:

Rubem Souza

(Name of Person)

Medeiros Souza Corp

(Firm/Company)

845 N GARLAND AVE, STE 100

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Rubem Souza

407

326-8484

at ( )

(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

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

1. The name of a limited liability company is  
PERLATI LLC
2. The Articles of Organization were filed on 07/23/2018 and assigned  
document number L18000175868
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 will no longer be in operation, its activities  
have ended
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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. 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:

RL  
Signature

Rubem Souza  
Printed Name

**FILING FEE: \$25.00**

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 STATE OF FLORIDA  
 MAIL ROOM