

L18 000 268 726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/24--01015--002 **25.00

2024 APR 16 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KoolAqua 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:

Edurne Gorricho Rodriguez

(Name of Person)

(Firm/Company)

2012 Alaqua Lakes Blvd.

(Address)

Longwood, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Edurne Gorricho Rodriguez

305

586-7683

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

2024 APR 16 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FL
1234 5678

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

1. The name of a limited liability company is

KoolAqua LLC

2. The Articles of Organization were filed on 11/19/2018 and assigned

document number L18000268726

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 has not started doing business.

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SECRETARY OF STATE
TALLAHASSEE FL
F-11-220

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:

Edurne Gorricho Rodriguez
Signature

Edurne Gorricho Rodriguez

Printed Name

FILING FEE: \$25.00

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: KoolAqua LLC

Document number of Limited Liability Company is: L18000268726

Date of dissolution was: 4/10/2024

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

The company has not started doing business.

FILED
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TALLAHASSEE, FL

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

Eduene Gorricho Rodriguez

2012 Alaqua Lakes Blvd.

Longwood, FL 32779

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.

Eduene Gorricho Rodriguez

Printed Name of the Person Filing

Eduene Gorricho Rodriguez
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00