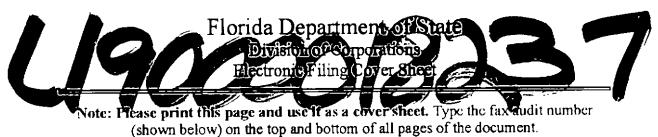
Division of Corporations



(((H21000080888 3)))



H210000808883ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

## LLC DISSOLUTION OR WITHDRAWAL SAELANX BBH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Maria Maria

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Electronic Filing Menu

Corporate Filing Menu

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M48 0 3 002) To 1 11 december

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	SAELANX BBH LLC					
301201	(Name of Limi	ted Liability Company)				
	closed Articles of Dissolution and fee(s) are submi					
Please	return all correspondence concerning this matter to	one rollowing.				
	Cindy E. Calderon					
	(Name of Person)					
Geoffrey M. Wayne, P.A.						
	(Firm/Company)					
	135 San Lorenzo Ave., PH 840					
	(Address)					
	Coral Gables, FL 33146  (City/State and Zip Code)					
	(Cityro	isic and Lip code)				
For fu	rther information concerning this matter, please cal	11:				
	Cindy E. Calderon	at ()  (Area Code & Daytume Telephone Number)				
	(Name of Person)	(Area Code & Dayume Telephone Number)				
Enclos	ed 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:		Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314	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 SAELANX BBH LLC					
2.	The Articles of Organization were filed on 01/22	/2019 and	1 assigned			
	document numberL19000018237					
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 l 605.0707, Florida Statutes, (copy 605.0707 on ba	imited liability company's dissoluted cover letter).	tion pursuant to section			
	Company is dormant					
	Company is dormant					
	Company is dormant					
5.	. If there are no members, enter the name and add activities and affairs:	ress of the person appointed to wi	nd up the company's			
	<del></del>					
			-5,			
6 a	Signature of an authorized person or if there are bove to wind up the company's activities and affa	no members, the signature of the irs:	person appointed and liste			
—ı	Docu8igeed by:		· :			
	nacio Sacus lancuba	Ignacio Saenz Lancuba	···			
_	7F085009728A4:E Signature	Printed Na	mc ~·			

FILING FEE: \$25.00