

L190000 47327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDEANGULL FINANCIAL SOLUTIONS 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:

SABDY M BOCANEGRA

(Name of Person)

ANDEANGULL FINANCIAL SOLUTIONS LLC

(Firm Company)

213 N KETCH DR

(Address)

SUNRISE, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

SABDY M BOCANEGRA

(Name of Person)

954

559-0789

at ()

(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

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is
ANDEANGULL FINANCIAL SOLUTIONS LLC
2. The Articles of Organization were filed on 02/18/2019 and assigned
document number 83-3747785
3. The delayed effective date the dissolution if not effective on the date of filing: 6/26/2020
(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).
NO BUSINESS, NO ACTIVITY, DUE TO COID-19
NO BUSINESS, NO ACTIVITY, DUE TO COID-19
NO BUSINESS, NO ACTIVITY, DUE TO COID-19
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: AP- SAYAN S BOCANEGRA 213 N KETCH DR SUNRISE, FL 33326
AP- MARIO A BOCANEGRA 8210 FLORIDA DR APT404 PEMBROKE PINES, FL 33326
AP- EMMA J BOCANEGRA 213 N KETCH DR SUNRISE, FL 33326
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:

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TALLAHASSEE
SECRETARY OF STATE

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Signature

SABDY M BOCANEGRA
Printed Name

FILING FEE: \$25.00