

2/3/2021

Division of Corporations

L19000102051

Florida Department of State
Division of Corporations
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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

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**LLC DISSOLUTION OR WITHDRAWAL
SAELANX AM LLC**

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAELANX AM 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:

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)

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TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Cindy E. Calderon

(Name of Person)

305

381-8108

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

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

1. The name of a limited liability company is
SAELANX AM LLC
2. The Articles of Organization were filed on 04/22/2019 and assigned
document number L19000102051
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).
Company is dormant
Company is dormant
Company is dormant
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:

DocuSigned by:

Ignacio Saenz Lancuba

75085006723A44E

Signature

Ignacio Saenz Lancuba

Printed Name

FILING FEE: \$25.00

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