

L19000105332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

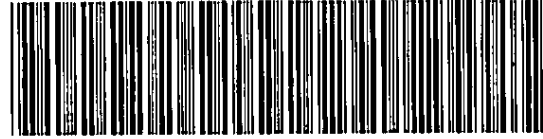
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/21/19--01012--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 21 AM 12:09

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JUL 02 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURALLUX ADVERTISING, 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:

Carlos Zarraluqui

(Name of Person)

CAPILLUS, LLC

(Firm/Company)

1715 N.W. 82 Avenue

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Zarraluqui

(Name of Person)

786 888-0137

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

CURALLUX ADVERTISING, LLC

2. The Articles of Organization were filed on 4/17/2019 and assigned

document number 1.19000105332

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).

Member will not be transacting business with this entity.

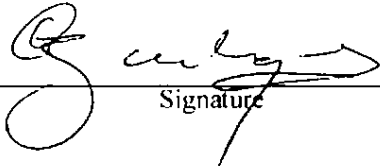
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Carlos Zarraluqui, Authorized Representative

CAPILLUS HOLDINGS, LLC

1715 N.W. 82 Avenue

Miami, FL 33126

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:


Signature

Carlos Zarraluqui

Printed Name

FILING FEE: \$25.00

2019 JUN 21 AM 11:59
SECTION 605.0707
FILED

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