

220 000 160 394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

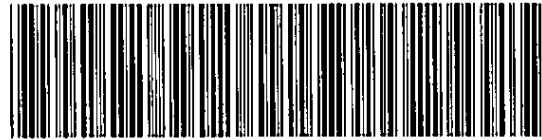
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/26/21
JH

Office Use Only



100374344781

10/15/21--01021--025 **25.00

FILED
2021 OCT 15 PM 6:46
SECRETARY OF
FALL ARIZONA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantica 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:

Diana Perez, Mgr.

(Name of Person)

Atlantica Financial Solutions, LLC

(Firm/Company)

5598 Wellesley Park Dr. #301

(Address)

Boca Raton, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Perez

(Name of Person)

561

359-7753

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2021 OCT 15 PM 6:46

SECRETARY OF
TALLAHASSEE



1. The name of a limited liability company is
Atlantica Financial Solutions, LLC
2. The Articles of Organization were filed on 06/10/2020 and assigned
document number 12000160394
3. The delayed effective date the dissolution if not effective on the date of filing: 10/11/2021
(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).
Insolvency
Insolvency
Insolvency
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Diana Perez
5598 Wellesley Park Dr. #301
Boca Raton, FL 33433
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:

Diana Perez
Signature

Diana Perez
Printed Name

FILING FEE: \$25.00