KW 000 236327

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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2022 MAR 28 AH 7: 09
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 0 5 2022

COVER LETTER

	stration Section ion of Corporations					
SUBJECT: _	CAROLAS LLC					
(Name of Limited Liability Company)						
The enclosed	Articles of Dissolution and fee(s) are submitt	ed for filing.				
Please return a	all correspondence concerning this matter to	he following:				
	Carolina Garcia Morales	·				
(Name of Person)						
<u></u>						
	(Firm/Company)					
	9446 SW 123rd Ct					
	(Address) Miami, Fl. 33186					
(City/State and Zip Code)						
For further in	formation concerning this matter, please call:					
Carolina Garcia Morales		786 838-6238 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a cl	heck 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:				
_	sistration Section ision of Corporations	Registration Section Division of Corporations				
	D. Box 6327 The Centre of Tallahassee					
Tall	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2022 MAR 28 AM 7: 09

1.	The name of a limited liabilit	y company is		SECRETARY OF STATE TALLAHASSEE, FL				
	CAROLAS LLC							
2.	The Articles of Organization	were filed on 08/05/2020		and assigned				
	document number L20000236	327						
3.	Note: If the date inserted in th	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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be d as the document's effective date on the Department of State's records.						
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited li opy 605.0707 on back cove	ability company's d	issolution pursuant to section				
	Business ceased operations 12/3	1/2021						
	Business ceased operations 12/3							
5.	If there are no members, ente	r the name and address of the	ne person appointed	to wind up the company's				
	activities and affairs:	n/a						
								
			<u> </u>					
			<u> </u>					
6. at	Signature of an authorized po eove to wind up the company?	erson or if there are no mem activities and affairs:	bers, the signature o	of the person appointed and listed				
	α							
	(\mathcal{L})	Ca	irolina Garcia Morales	;				
	Signature		Printe	d Name				

FILING FEE: \$25.00