(((H220004316713)))



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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : PAGTO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL SOLIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	SOLIT LLC			
Bo BoB e I.	(Name of Limited Liability Company)			
The enclosed	d Articles of Dissolution and fee(s) are subm	itted for filling.		
Please return	all correspondence concerning this matter to	o the following:		
	OSCAR D SOLIS			
	(Na	ime of Person)		
	SOLIT LLC			
	(Firm/Company)		2022	
	12800 NE 13 AVE		. 💭	•.
	(Address)		EC 27 P	;
	NORTH MIAMI, FL 33161			(7)
	(City/St	ate and Zip Code)		1
For further in	nformation concerning this matter, please cal	l:	្វីៈ ភ្ន	
OS	CAR D SOLIS	+54 9 11 4140-0840		
	(Name of Person)	at ()		
Enclosed is a c	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)		
	iling Address:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee		The Centre of Tallahassee		
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Signature	Printed Name
Daniel Care (Dec 33, 2012 15, Se 3417-2)	OSCAR D SOLIS
 Signature of an authorized person or if there above to wind up the company's activities and a 	are no members, the signature of the person appointed and listed affairs:
 	
activities and affairs:	
·	address of the person appointed to wind up the company's
	25 (1) 27 (2) 28 (3)
	- .
605.0707, Fiorida Statutes, (copy 605.0707 o Company is out of business.	on oack cover letter).
4. A description of occurrence that resulted in t	the limited liability company's dissolution pursuant to section
Note: If the date inserted in this block does not listed as the document's effective date on the Do	t meet the applicable statutory filing requirements, this date will not be
3. The delayed effective date the dissolution if	not effective on the date of filing: r to or more than 90 days later than date document is received for filing)
document numberL21000013866	
2. The Articles of Organization were filed on _	01/04/2021 and assigned
SOLIT LLC	· · · · · · · · · · · · · · · · · · ·
1. The name of a limited liability company is	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is: L21000013866	
Date of dissolution was: 12/23/2022	
Description of information that must be included in a written claim:	
Any claim should contain an extensive description of facts related to it. Also provide	
	2022
	2022 DEC 2
	27
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Mailing address where claims can be sent: (Claims cannot be sent to the Div	
12800 NE 13 AVE	
NORTH MIAMI, FL 33161	
	
	
A claim against the above named limited liability company will be barred un claim is commenced within 4 years after the filing of this notice.	less a proceeding to enforce the
OSCAR D SOLIS))))))
Printed Name of the Person Filing Sign	ature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00