2/000055769

(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:				
UmilS				

Office Use Only



600426534146

04/01/24--01025--004 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Caballero Electric LLC					
(Name of Limited Liability Company)						
	losed Articles of Dissolution and fee(s) are submit					
	DANILO CABALLERO					
	(Name of Person)					
	CABALLERO ELECTRIC LLC					
	(Firm/Company)					
	8813 NW 118 ST					
	(Address)					
	HIALEAH FL 33018					
	(City/Sta	ate and Zip Code)				
For furth	her information concerning this matter, please call	;				
DANILO CABALLERO		863 235-0350 at (
	(Name of Person)	(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	Street Address: Registration Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is				
	CABALLERO ELECTRIC LL	.C				
2.	The Articles of Organization document number L2100005:		er, 31, 2021	and assigned		
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 605.0707, Florida Statutes, (c	that resulted in the lim copy 605.0707 on back	ited liability company cover letter).	s dissolution pursuant to section		
5.	If there are no members, ente	er the name and addres	s of the person appoin	ted to wind up the company's	n	
				PH 12: 15		
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no s activities and affairs:	members, the signatur	re of the person appointed and lis	ted	
	Vail		DANILO CABALLE	ERO		
	Signature		Pri	nted Name		

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.

A claim against the above named limited liability compelaim is commenced within 4 years after the filing of the DANILO CABALLERO Printed Name of the Person Filing	
8813 NW 118 ST HIALEAH FL, 33018	
Mailing address where claims can be sent: (Claims can	anot be sent to the Division of Corporations)
ESTOY CERRANDO LA COMPANIA, POR PROBLEMA	AS PRSONALES, Y NO LA PUEDO SEGUIR PAGAN
Description of information that must be included in a v	vritten claim:
Date of dissolution was:	_
bootament number of bilinted billottity company is	21000055769
CABALLERO EL Name of Limited Liability Company: La Document number of Limited Liability Company is:	

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