

L2200001385A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

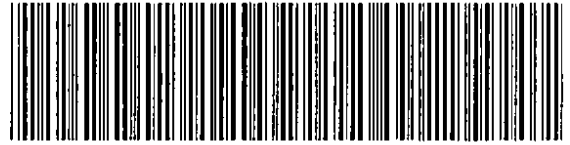
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG 18 2023

Office Use Only



900412618939

07/21/23--01021--019 \*\*25.00

FILED  
CLERK OF STATE  
2023 JUL 21 PM 4:24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANA SANTIAGO 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:

ANA SANTIAGO

\_\_\_\_\_  
(Name of Person)

ANA SANTIAGO LLC

\_\_\_\_\_  
(Firm/Company)

3138 CRANES COVE LOOP

\_\_\_\_\_  
(Address)

KISSIMMEE FL 34741

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANA SANTIAGO

787

632-3111

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  
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**

1. The name of a limited liability company is

ANA SANTIAGO LLC

2. The Articles of Organization were filed on January 05, 2022 and assigned

document number L22000013854

3. The delayed effective date the dissolution if not effective on the date of filing: July 19, 2023

(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).

I NO LONGER NEED A LIMITED LIABILITY COMPANY

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

ANA SANTIAGO

3138 CRANES COVE LOOP

KISSINMMEE FL 34741

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:

Ana Santiago  
Signature

ANA SANTIAGO

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
JUL 21 PM 4:24  
2023