



2024/MAR/15 PM 4:41

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

CHORIZO SANTARROSANO USA, LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Kael Salas

(Name of Person)

CHORIZO SANTARROSANO USA, LLC

(Firm/Company)

5627 WESTERN SKY PLACE

(Address)

SAINT CLOUD FL 34771

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL SALAS

407

683-1956

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

CORIZO SANTARROSANO, LLC

2. The Articles of Organization were filed on APRIL 20, 2022 and assigned

document number L22000189029

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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

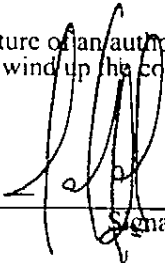
THIS COMPANY HAS NO ACTIVITY

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

activities and affairs: 5627 WESTERN SKY PLACE

SAINT CLOUD FL 34771

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:



Signature

KAEL SALAS

Printed Name

**FILING FEE: \$25.00**

2024 MAR 15 PM 4:42

F.L.D.