

L23 000 149 285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

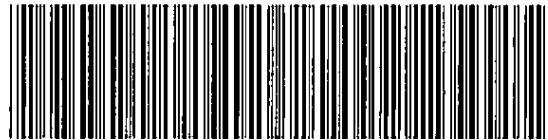
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/24--01019--006 **25.00

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CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGMA CALISTHENICS LLC DISSOLUTION

(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:

Andres Lozano

(Name of Person)

SIGMA CALISTHENICS LLC

(Firm/Company)

8906 W. Flagler St APT 206

(Address)

Miami, Florida 33174

(City/State and Zip Code)

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For further information concerning this matter, please call:

Andres Lozano

305

989 4599

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 2010
Tallahassee, FL 32310

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SIGMA CALISTHENICS LLC

2. The Articles of Organization were filed on March 24th 2023 and assigned

document number L23000149285

3. The delayed effective date the dissolution if not effective on the date of filing: Jan 10th 2024

(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).

Not getting business as expected. The business is having more expenses than revenues.

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

8906 W. Flagler St.

Apt 206

Miami, FL 33174

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

Andres Lozano

Printed Name

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: SIGMA CALISTHENICS LLC

Document number of Limited Liability Company is: L23000149285

Date of dissolution was: Jan 10th 2024

Description of information that must be included in a written claim:

Not getting business as expected. Business is having more expenses than revenues.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8906 W. Flagler St.

Apt 206

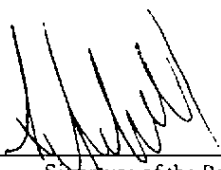
Miami, FL

33174

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Andres Lozano

Printed Name of the Person Filing


Signature of the Person Filing