

L070000083928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

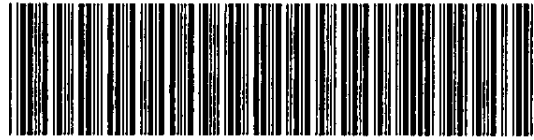
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/26/15--01013--018 \*\*25.00

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2015 FEB 26 AM 10:36  
ALBANY COUNTY CLERK  
TALLAHASSEE, FLORIDA

N. Culligan MAR 9 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** De Luca & Paredes, 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:

Franz De Luca  
(Name of Person)  
De Luca & Paredes, LLC  
(Firm/Company)  
1000 W. McNab Rd., Ste. 104  
(Address)  
Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Franz De Luca at ( 954 ) 629-9724  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2015 FEB 26 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
De Luca & Paredes, LLC

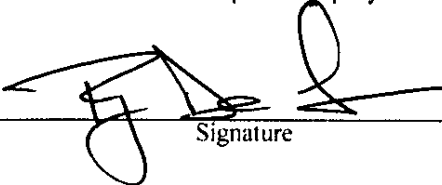
2. The Articles of Organization were filed on August 16, 2007 and assigned  
document number L07000083928

3. The delayed effective date the dissolution if not effective on the date of filing: n/a  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).  
Consent of all members

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

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

Franz De Luca, MGRM  
\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00