

L110000 64252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

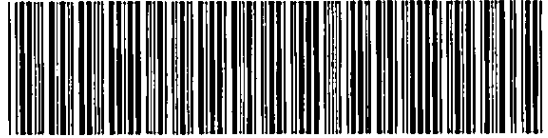
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUSTAVO A VIERA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gustavo A Viera

Name of Person

Gustavo A Viera LLC

Firm/Company

9780 E Indigo St Unit 203

Address

Miami, FL 33157

City/State and Zip Code

Gustavo@vieracpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo A Viera

Name of Person

at (305) 431-1295

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: GUSTAVO A VIERA LLC

SECOND: The Florida Document number of the limited liability company is: L11000064252

THIRD: The date of filing of the initial articles of organization is: 06/01/2011

FOURTH: The date of filing of the dissolution is: 06/16/2011

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Gustavo A Viera CPA

Gustavo A Viera

Signature of Authorized Representative

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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10 JUN 18 AM 6:12
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FLORIDA