1300092461

(Requestor's Name)		
(Address)		
(Address)		
(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
}		

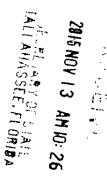
Office Use Only



200279086622

11/13/15--01003--010 **55.00





NOV 1 6 2015

S. YOUNG

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000 OFFICE USE ONLY

WALK-IN

ENTITY NAME:

AMOCARO, LLC

CK# 7067 FOR \$55.00

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

SECRETARY OF STATE

Examiner's Initials

ARTICLES OF DISSOLUTION

<u>OF</u>

AMOCARO, LLC

The undersigned, being the authorized person of AMOCARO, LLC, (the "Company"), a Florida limited liability company, in accordance with Florida Statutes §605.0707 do hereby certify the following:

- 1. The name of the Company is AMOCARO, LLC.
- 2. The Articles of Organization were filed on June 26, 2013 and assigned document number L13000092461.
- 3. The date of the dissolution will be the date the dissolution is filed with the Department of State.
- 4. The Company is hereby being dissolved, pursuant to Florida Statutes §605.0701 by the written consent action of all the members of the Company.
- 5. All the remaining property and assets have been distributed to the Members in accordance with their rights and interests in the Company.
- 6. There are no suits pending against the Company in any court.

Dated this 6Hday of NOVEMBER, 2015.

Fernando M.R. Pereira Leite

Authorized Person