

L14 0000 78 366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

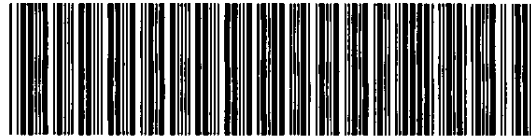
(Business Entity Name)

(Document Number)

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2014 MAY 19 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANOVA MARINE INSURANCE L.A 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:

FERNANDO E VALDES

(Name of Person)

FERNANDO E. VALDES, PA.

(Firm/Company)

10705 NW 33RD STREET SUITE 100

(Address)

DORAL, FL 33172

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 19 PM 12:12

For further information concerning this matter, please call:

FERNANDO E. VALDES at (**305**) **588-1618**
(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**

1. The name of a limited liability company is
ANOVA MARINE INSURANCE L.A LLC

2. The Articles of Organization were filed on MAY 14TH, 2014 and assigned
document number L14000078366

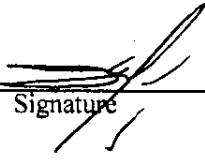
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).
BY WRITTEN 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:

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:

X



Signature

ELWIN E MANJARRES

Printed Name

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA