

3/20/2016

L14000176582

2015-03-20 21:38:40 (GMT)

14076503910 From: Account Bookkeeping

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL
AFFETTO LLC

Certificate of Status	0
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H150000713043

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFETTO 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:

SAVANA MYLLYS SILVA

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

3300 S HIAWASSEE RD STE 106

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

SAVANA MYLLYS SILVA

(Name of Person)

407

898-1757

at ()

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

- 1. The name of a limited liability company is **AFFETTO LLC**
- 2. The Articles of Organization were filed on **11/13/2014** and assigned
document no. after **L14000176582**
- 3. The proposed effective date of the dissolution is **not effective on the date of filing.**
The effective date cannot be prior to or more than 90 days after the date of 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).

THE DISSOLUTION WAS APPROVED BY THE 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:



Signature:

LIZ GODIN O. ORIAS

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