

L15 00000 2392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

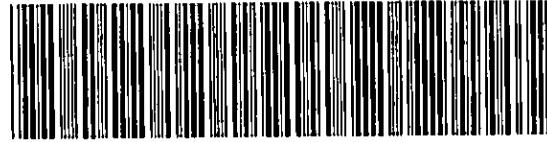
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/22/19--01029--005 **23.00

FILED
2019 FEB 20 PM 1:29
TALLAHASSEE FLORIDA
SECRETARY OF STATE

D. BRUCE
FEB 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2019

DANY ANRAHAM
1625 N COMMERCE PKWY, STE 315
WESTON, FL 33326

SUBJECT: LARFIELD INVESTMENT GROUP, LLC
Ref. Number: L15000002392

We have received your document for LARFIELD INVESTMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 619A00001881

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LARFIELD INVESTMENT GROUP 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

DANY ANRAHAM
(Name of Person)
KSDT & COMPANY
(Firm/Company)
1625 N COMMERCE PKWY SUITE 315
(Address)
WESTON FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call

DANY ABRAHAM at (305) 670-3370
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA
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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
LARFIELD INVESTMENT GROUP LLC

2. The Articles of Organization were filed on 01/06/2015 and assigned
document number L15000002393

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

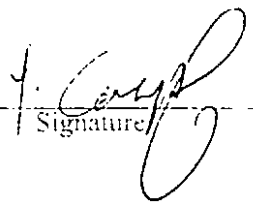
4 A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Member's Request

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

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STATE OF FLORIDA
ALL CHARGES PAID

FILED

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

YUVAL MAFTALI CASPI
Printed Name

FILING FEE: \$25.00