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(((H230003143173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARBOSA LEGAL Account Number : I20110000049 Phone : (305)501-4680 : (305)359-9543 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL ME & REC FLORIDA, LLC

Certificate of Status	1
Certified Copy	()
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

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(((H23000314317.3))) COVER LETTER Registration Section TO: Division of Corporations \*\* ME & REC FLORIDA, LLC SUBJECT:

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Kitaoka da Silva

(Na	une of Person)		
Barbosa Legat			
	rm Company)		
407 Lincoln Rd PH-NE			
	(Address)		
Miami Beach, FL 33139			
(City/St	tate and Zip Code)		
for further information concerning this matter, please cal	И:		
Edwin Cisneros	305 501-4680		
(Name of Person)	ai ( (Area Code & Dayume Telephone Number		
nclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution	Certified Copy (additional copy is enclosed)		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tailahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability cor ME & REC FLORIDA, LLC	npany is			
The Articles of Organization were	filed on 03/06/2015		and assigned	
document number 1.15000041426				
The delayed effective date the dis- (effective date ca- <u>Note:</u> If the date inserted in this blo listed as the document's effective da	nnot be prior to ar more t ick does not meet the a	han 90 days later than date d opticable statutory filing re	ocument is received.	for filing) ate will not b
A description of occurrence that re 605 0707, Florida Statutes, (copy to THE SOLE MEMBER CONSENTS	505.0707 on back co	ver letter).		
				<del>,</del>
				<del></del>
If there are no members, enter the activities and affairs:	name and address of	the person appointed to	wind up the cor	npany's
				· -
$\bigcap$				
signature of an authorized person e to wind up the company's acti	or if there are no me vities and affairs:	inbers, the signature of	the person appoi	nted and lis
The state of the s		Mauricio Ramos dos Sant	íse.	
Signature	FILING FE	Printed		· · · · · ·
	THEORY	J. Jac 100		

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## Notice of Limited Liability Company Dissolution

## NOTE: This page is optional

Edwin Cisneros

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ME & REC FLORIDA, LLC
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Claim must be in writing and state the name and contact information of the party making the claim and detailed
allegations.
· · · · · · · · · · · · · · · · · · ·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
407 LINCOLN RD PH-NE MIAMI BEACH, FL 33139
· · · · · · · · · · · · · · · · · · ·
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00