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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I2020000137 : (786)660-0108 Phone

: (786)364-1047 Fax Number

LLC DISSOLUTION OR WITHDRAWAL MGC OF FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H21000372744 3)))

COVER LETTER

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TO:	Registration Section Division of Corporations	((((
SUBJI	MGC OF FLORIDA LLC			
	(Name of Limited Liability Company)			
The en	iclosed Articles of Dissolution and fee(s) are submit	ited for filing.		
Please	return all correspondence concerning this matter to	the following:		
	ALEJANDRO MARTIN VILLACORTA	A BROGGI		
	(Nam	ne of Person)		
	Alejandro Martin	v Villacorta Broggi m'Company)		
	16909 NORTH BAY RD SUITE 212			
		(Address)		
	SUNNY ISLES, FL 33160	SUNNY ISLES, FL 33160		
	(City/Sta	ne and Zip Code)		
For fur	ther information concerning this matter, please call:	:		
	ALEJANDRO VILLACORTA	786 319-8083		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed 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)		
MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	ne name of a limited liabilit IGC OF FLORIDA LLC	y company is			
2. 11	ne Articles of Organization	were filed on	and assigned		
do	cument number	3022			
	Note: If the date inserted in th	e dissolution if not effective on the da late cannot be prior to or more than 90 days la is block does not meet the applicable stat ive date on the Department of State's reco	ate of filing: 09/14/2021 after than date document is received for filing) tutory filing requirements, this date will not be ords.		
4. A 60	description of occurrence 5.0707, Florida Statutes, (c	hat resulted in the limited liability coopy 605,0707 on back cover letter).	mpany's dissolution pursuant to section		
DISSOLUTION FOR AT NEW COMPANY					
	SSOLUTION FOR AT NEW		·		
DI:	SSOLUTION FOR AT NEW	COMPANY			
	there are no members, ento	er the name and address of the person	appointed to wind up the company's		
		16909 NORTH BAY RD SUITE 212			
		SUNNY ISLES, FL 33160			
6. Si abov	ignature of an authorized po e to wind up the company	erson or if there are no members, the sactivities and affairs:	signature of the person appointed and liste		

<u>Alegandro Martin Villacorta Broggi</u> Signature

ALEJANDRO MARTIN VILLACORTA BROGGI

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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:
Document number of Limited Liability Company is:
Date of dissolution was: 07/07/2020
Description of information that must be included in a written claim:
N/A
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
N/A
2021 OCT -5 PM 12: 40 NA NA NA NA PILEU PRIORI NA NA NA NA NA PILEU PRIORI NA NA NA NA NA NA NA NA NA N
PH 12:
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.
ALEJANDRO MARTIN VILLACORTA BROGGI

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

Printed Name of the Person Filing

Alegnaries Waster, Villacosts, Broggs
Signature of the Person Filing