

7/25/23, 11:41 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000287493

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(((H23000258694 3)))



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

From:  
 Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
 Account Number : 076624003440  
 Phone : (305)444-6226  
 Fax Number : (305)442-4829

**LLC DISSOLUTION OR WITHDRAWAL  
 VALVERDE 11 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$30.00</b>

**RECEIVED**

2023 JUL 25 AM 11:56

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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2023 JUL 25 PM 6:19

T. LEMIEUX  
 JUL 25 2023

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: VALVERDE 11 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:

LAURA KOHN  
(Name of Person)  
ARAZOZA & FERNANDEZ-FRAGA P.A.  
(Firm/Company)  
2100 SALZEDO ST, SUITE 300  
(Address)  
CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN at ( 305 ) 444-6226 EXT 233  
(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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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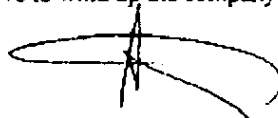
**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

- 1. The name of a limited liability company is  
VALVERDE 11 LLC
- 2. The Articles of Organization were filed on 06/16/2021 and assigned  
document number L21000288493
- 3. The delayed effective date the dissolution if not effective on the date of filing: FILING DATE  
(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).

THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE  
CONSENT OF ALL 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:

X  \_\_\_\_\_

Signature

ALAIN TOHME, Manager  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

21/2  
25 PM  
6:18