## 22000014429

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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04/10/24--01014--015 \*#25.00



## COVER LETTER /

TO: Registration Section Division of Corporations	
SUBJECT: DHJ ESPERANZO (Name of Limite)	d Liability Company)
	, . ,
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	he following:
- Vran V	23 yez
OM S (Firm	Capelanga LLC
3930 NU	W1775t
_ Miami Garden	ns PL 33055 e and Zip Code)
For further information concerning this matter, please call:	
Yran lazguez.	at ( 305 ) 600 - 8686 (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	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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1.	The name of a limited liability company is
	and Esperanga LC
2.	The Articles of Organization were filed on $01062012$ and assigned
	document number <u>L J2000014429</u>
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).
	ams Esperanza LLC when out of business
	because we werenot generating enough money
	to cover expenses.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	3930 NW 177 ST.
	Miami Gardens FL 33055
6. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Yran Vazguez.
	Signature Printed Name  Printed Name  FILING FEE: \$25.00
	/ / ED INC. RRE/ \$75.00