. 1996666661468

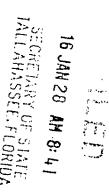
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600280624086

01/28/16--01022--027 **55.00



JAN 29 2016 J SHIVERS

COVER LETTER

SUBJECT: PORTONYX 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:		
Trease return an correspondence concerning this matter to the kinowing.		
PINEIRO MIGUEL (Name of Person)		
(Name of Person)		
_		
PORTONYX LLC		
(Firm/Company)		
10612 NW SYTH STREET		
(Address)		
Winnel Floring 22:20		
MIAMI - FLORIDA 33178 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Ot at Mir at 0 - 0.57 (166		
Pineiro Michel at (305) 7536169 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		

MAILING ADDRESS:

D \$25.00 Filing Fee and Certificate of Dissolution

Registration Section Division of Corporations

TO:

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

X \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	
•	n were filed on October 7 1999 and assigned
document number <u>L9</u>	1000006468
Note: If the date inserted in t	the dissolution if not effective on the date of filing: DECEMBER 31 5F 2015 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
NO MORE	ACTIVITIES
5. If there are no members, en	ter the name and address of the person appointed to wind up the company's
activities and affairs:	TITLE MGRM
	PINEIRO MIWEL
	10612 NW 54th STREET
	Miami Florida 33178
6. Signature of an authorized listed above to wind up the co	person or if there are no members, the signature of the person appointed and property in a property is activities and affairs:
	PINEIRO MINEL
Signature	Printed Name

FILING FEE: \$25.00

16 JAN 28 AM B: 41
BEGRETARY OF STATE
TALLAHASSEE, FLORIE