

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000271690 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

LLC DISSOLUTION OR WITHDRAWAL CHARLY SIERRA INVESTMENTS, LLC

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T. HAMPTON

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COVER LETTER

	tration Section ion of Corporations	
SUBJECT: _	CHARLY SIERRA INVESTMENT	S, LLC
SOBJECT.	(Name of Limit	ed Liability Company)
The enclosed A	Articles of Dissolution and fee(s) are submitt	ed for filing,
Please return a	all correspondence concerning this matter to	the following:
	Diane M. Hernandez	
	(Nan	ne of Person)
	Adams Gallinar, P.A.	
	(Fin	n/Company)
	1000 Brickell Avenue, Suite 30	
	(Address)
	Miami, Florida 33131	
	(City/Sta	te and Zip Code)
For further inf	formation concerning this matter, please call:	
Dia	ne M. Hernandez	305 416-6800
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a ch	eck 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:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ì.	The name of a limited liability company is CHARLY SIERRA INVESTMENTS, LLC
2.	The Articles of Organization were filed on 8/24/2011 and assigned
	document number <u>L11000097609</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)
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).
	Sale of Assets.
5.	If there are no members, enter the name and address of the person appointed to wind up the dengany activities and affairs:
	STATE A
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
1	Robert R. Adams, Auth Representative
	Signature Printed Name FILING FEE: \$25.00
	F 10440 F 5/6/ 345,00