

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1400013197

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000111997 3)))



H170001119973ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.
Account Number : 120000000051
Phone : (305) 530-9400
Fax Number : (305) 530-9409
e-mail: Notice@lnlawfirm.com

**LLC DISSOLUTION OR WITHDRAWAL
CALLIGARIS NAPLES, LLC.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

FILED
47 APR 24 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2017 APR 24 PM 4:27

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT

APR 25 2017

(((H17000111997 3)))

**ARTICLES OF DISSOLUTION OF
CALLIGARIS NAPLES, LLC.
a Florida limited liability company
(herein "the Company")**

The undersigned, Alberto Salvioli Jr., as an authorized signatory of the Members of the subject Company, a Florida limited liability, hereby certifies that:

1. The name of the Company is CALLIGARIS NAPLES, LLC. a Florida limited liability company.
2. The Articles of Organization were filed on August 28, 2014 and assigned document number L14000135197.
3. The dissolution of the Company shall be effective as of the day of filing the Articles.
4. The dissolution of the Company was authorized by all the Members of the Company pursuant to Florida Statutes section 605.0701(2) and 605.0707.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Dissolution the 24th day of April, 2017 as an authorized signatory of the Members of the Company.

Authorized Signatory of the Members of the Company:


Name: Alberto Salvioli Jr.

FILED
17 APR 24 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H17000111997 3)))