

L17 0000 3773L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

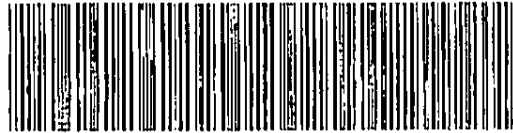
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/02/17--01041--015 **\$25.00

FILED
17 OCT -2 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMMACULATE VICTORY 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:

JOSE MAURICIO BELLO

(Name of Person)

JOSE MAURICIO BELLO PA

(Firm/Company)

1290 WESTON RD S 220

(Address)

WESTON FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE MAURICIO BELLO at (954) 895-9491

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

IMMACULATE VICTORY LLC

2. The Articles of Organization were filed on 02/10/2017 and assigned

document number 1.17000033332

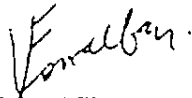
3. The delayed effective date the dissolution is not effective on the date of filing: DATE OF FILING
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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).

CONSENT OF ALL OF THE MEMBER OF THE LIMITED LIABILITY COMPANY

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed to wind up the company's activities and affairs:



Signature

VICTOR J. TORRALBA

Printed Name

FILING FEE: \$25.00

FILED
17 OCT - 2 AM 17:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: IMMACULATE VICTORY LLC

Document number of Limited Liability Company is: L17000033332

Date of dissolution was: ASPER FILING WITHIN DEPARTMENT OF STATE

Description of information that must be included in a written claim:

NAME OF CREDITOR / CLAIMANT & CONTACT INFORMATION

DETAILED DESCRIPTION OF SOURCE AND NATURE OF CLAIM

AMOUNT OF CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CARE OF JOSE MAURICIO BELLO P.A.

1290 WESTON ROAD, SUITE 220

WESTON, FLORIDA, 33326

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAVIER J. TORRALBA

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00