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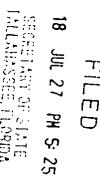
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

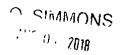
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

CHDICT

PINELINV USA, 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:

CARLOS GIL
(Name of Person)
(Firm/Company)
3910 W FLAGLER STREET
(Address)
MIAMI, FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS GIL

_{ar} 305

1432525

(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 liabi	lity company is		
2.	The Articles of Organization	n were filed on	and assigned	
	document number 1.100000	93656		
3.	The delayed effective date	he dissolution if not effective on the da date cannot be prior to or more than 90 days lat	ate of filing: 07/23/2018	
	Note: If the date inserted in	his block does not meet the applicable statutive date on the Department of State's recor	itory filing requirements, this date will not be	•
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the limited liability corcopy 605.0707 on back cover letter).	mpany's dissolution pursuant to section	
	COMPANY IS WINDING UI	ITS AFFAIRS AND NO LONGER IN BU	JSINESS 6	
			LL ALLANDE	<u> </u>
			27	LED
				,
5.	If there are no members, en activities and affairs:	er the name and address of the person a MAYLIN FOJO	appointed to wind up the company's'	3
		1055 NW 159 DRIVE		
		MIAMI GARDENS, FL 33169		
6.	Signature of an authorized p	erson or if there are no members, the si	ignature of the person appointed and	
lis	ted above to wind up the cor	npany's activities and affairs:		
	- Wind	MAYLIN FO.		
	Signature	/	Printed Name	
	/	FILING FEE: \$25.00		