

L110000095774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

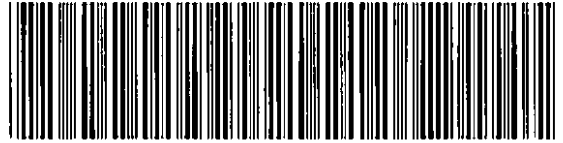
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/15/24--01023--011 --75.00

2024 JAN 16 AM 10:47  
SECRETARY OF STATE  
FALLS CHURCH, VIRGINIA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.M.E. AHORRO INTERNATIONAL, L.L.C.  
\_\_\_\_\_  
(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:

MARTHA L. PARTIDA

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4430 SW 83RD AVENUE

\_\_\_\_\_  
(Address)

MIAMI, FL 33155

\_\_\_\_\_  
(City/State and Zip Code)

2024 JAN 16 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL  
E.M.E. AHORRO

For further information concerning this matter, please call:

MARTHA L. PARTIDA

\_\_\_\_\_  
(Name of Person)

998 734-7896

at (\_\_\_\_\_) \_\_\_\_\_

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: E.M.E. AHORRO INTERNATIONAL, L.L.C.

Document number of Limited Liability Company is: L11000095774

Date of dissolution was: 12/31/2023

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

NOTHING SPECIFIED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2024 JAN 16 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

MARTHA L. PARTIDA

4430 SW 83RD AVENUE

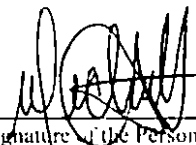
MIAMI, FL 33155

\_\_\_\_\_  
\_\_\_\_\_

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.

MARTHA L. PARTIDA

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**

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

1. The name of a limited liability company is

E.M.E. AHORRO INTERNATIONAL, L.L.C.

2. The Articles of Organization were filed on 09/01/2011 and assigned

document number L11000095774

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

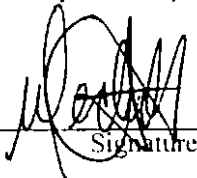
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

NO LONGER CONDUCTING BUSINESS.

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 and listed above to wind up the company's activities and affairs:

  
Signature

MARTHA L. PARTIDA

Printed Name

**FILING FEE: \$25.00**

2024 JAN 16 3:41:47  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED