

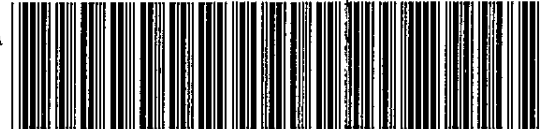
L0020000016658

2004 DEC -3 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Roberto Lombardo  
20535 S W 133rd Ct.  
Miami, FL 33177



800040125408

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED

2004 DEC 13 P 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 18, 2004

ROBERTO LOMBARDO  
20535 SW 133RD CT.  
MIAMI, FL 33177

SUBJECT: LOMBARDO CINCOTTA, LLC  
Ref. Number: L02000016658

We have received your document for LOMBARDO CINCOTTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 404A00065747

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lombardo Cincotta, LLC  
(Name of Limited Liability Company)

FILED

2004 DEC -3 P 4:1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Rocchetti  
(Name of Person)

Ottocento Furniture  
(Firm/Company)

20535 SW 133 ct.  
(Address)

Miami, FL 33177  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Rocchetti at (305) 484-0580  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**FILED**

2004 DEC -3 P 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is

Lombardocinotta, LLC

2. The date the dissolution was approved: Sept. 30, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Business was closed in that date.

**4. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

- ☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**6. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.

-OR-

- ☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature Maria Rocchetti

Typed or Printed name

Maria Rocchetti

Salvo Cinotta

Salvo Cinotta