

L03000003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

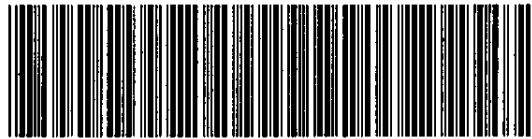
(Business Entity Name)

(Document Number)

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04/05/10--01006--006 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 14 PM 3:55

T. HAMPTON

APR 15 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: ALTAGRACIA, 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:**

SIDLE ROLDAN

(Name of Person)

ALTAGRACIA LLC

(Firm/Company)

10726 NW 58 ST

(Address)

MIAMI FL 33178

(City/State and Zip Code)

**For further information concerning this matter, please call:**

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

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 APR 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 6, 2010

SIDLE ROLDAN  
10726 NW 58 ST  
MIAMI, FL 33178

SUBJECT: ALTAGRACIA, LLC  
Ref. Number: L03000003879

We have received your document for ALTAGRACIA, 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00008445

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 APR 14 PM 3:05

1. The name of a limited liability company is

ALTAGRACIA LLC

2. The Articles of Organization were filed on 12/06/2006 and assigned document number  
L03000003879

3. The date the dissolution was approved: 04/05/2010

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

The company is dissolution because it not has  
more bussiness.

5. 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.

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

7. 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

Printed Name

Sid Roldan

ZAIDA PARADA

SIDLE ROLDAN