L0300031936

(Req	uestor's Name)	
(Addı	ress)	
- (Add	ress)	
(City)	'State/Zip/Phone	e #)
		MAIL
(Business Entity Name)		
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
Office Use Only		

• •



HOLENCY OF FILMO

<u>~</u>

2016 FEB - 1 AH 9: 08 SELTERARY OF STATE ពោះ ទូក ផ្ទុះ -E: 1278-Ţ 17 69 (N) $q \rightarrow$...



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

÷ ...

ACCOUNT NO. : I2000000195 REFERENCE : 983176 4305390 AUTHORIZATION : June Balance COST LIMIT : \$25,00

ORDER DATE : February 1, 2016

ORDER TIME : 2:43 PM

ORDER NO. : 983176-005

CUSTOMER NO: 4305390

DOMESTIC FILINGS

NAME: IL LUGANO, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

<u>CERTIFIED COPY</u> <u>XX</u> PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is IL LUGANO, LLC

2. The Articles of Organization were filed on ______ and assigned

document number _____0000031936

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.

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

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

IF. Lune

Printed Name

FILING FEE: \$25.00