

L03000032511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

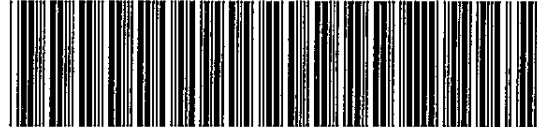
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/04--01048--001 **60.00

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TALAHASSEE, FLORIDA

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**Intercontinental Financial &
Professional Services, LLC**

8951 Bonita Beach Rd. Suite 275
Bonita Springs, FL 34135
Phone 239 - 947 - 3340
Fax: 239 - 947 - 4221

02-26-04

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

REF: Form for filing articles of dissolution/Check Num.

Dear Sirs or Madam,

Please, find check Num. 1121 for the amount of \$ 60.00 to cover the following:

- a.- Filing articles of dissolution for a Florida Limited Liability Company (form attached),
- b.- Certified Copy
- c.- Certificate of Status.

Thank you very much for your assistance in this matter.

Sincerely,


Juan Ramirez

Total pages sent: 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is Intercontinental Financial & Professional Services
LLC

2. The effective date of the limited liability company's dissolution is 2/26/04

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).

Upon the written consent of all the members of the limited liability company.

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:**

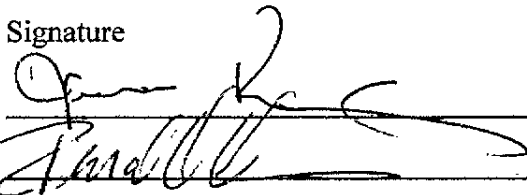
☒ There are no suits pending against the company in any court.

-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



Typed or Printed name

Juan Ramirez

Renaldo Quinones

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00