## L040000227-62

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
SUBJECT:			
/ (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Discounting all company and an appearing this matter to the following:			
Please return all correspondence concerning this matter to the following:			
RODOBALDO DUMZ-763 (Name of Person)			
(Name of Person)			
(Firm/Company)			
2728 S.W. 32 COURT			
(Address)			
2728 S.W. 32 COURT  (Address)  (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
D DURRES OF COL			
(Name of Person) at (305) S/O 1566  (Area Code & Daytime Telephone Number)			
(Name of Person) (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: STREET/COURIER ADDRESS:			
Registration Section Registration Section  Division of Corporations  Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	- Presto LATINO LLC
2.	The Articles of Organization were filed on $25-MW-04$ and assigned
	document number 4040000 22762
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document/s 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).
	Confrag his NOT MINE MONEY
	LAH,
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	ORIO
	41
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Jeff Dungton, R
	Signature Printed Name
	FILING FEE: \$25.00