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(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	liß
	Office Use Or	niv



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M. HODGES

COVER LETTER

Division of Corporations			
SUBJECT: Tropical Ships Agency, LLC (Name of Limited Liability Company)			
(Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Caridad Villabn (Name of Person)			
Paradise Shipping Agency, LLC			
3325 NW South River Drive			
Miam' Fla 33142 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Caridad Villalon at 786, 587-4833 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of S			
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ncy, LLC
and assigned document number
7/05
I liability company's dissolution pursuant to section er letter).
olve the company.
nited liability company have been paid or discharged.
bts, obligations and liabilities pursuant to s. 608.4421.
ed among its members in accordance with their respective
ny in any court.
isfaction of any judgment, order or decree which may be
nembership interests necessary to approve the dissolution:
Printed Name
Caridad Villalon
2/2 (I)
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FILING FEE: \$25.00