

L04000065918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 19 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLIVERA HOLDINGS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felipe J. Olivera
Name of Person

Firm/Company

6739 CRESCENT LAKE DRIVE
Address

LAKELAND, FL 33813
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe J. Olivera at (863) 559-9566
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 AUG 14 PM 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 3, 2015

FELIPE J OLIVERA
6739 CRESCENT LAKE DRIVE
LAKELAND, FL 33813

SUBJECT: OLIVERA HOLDINGS, LLC
Ref. Number: L04000065918

We have received your document for OLIVERA HOLDINGS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return 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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 315A00016253

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: OLIVERA HOLDINGS, LLC

SECOND: The Florida Document number of the limited liability company is: L04000065918

THIRD: The date of filing of the initial articles of organization is: Sept. 8, 2004

FOURTH: The date of filing of the dissolution is: JULY 22, 2015

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

F. Olivera

Signature of Authorized Representative

Felipe J. Olivera

Typed or printed name of signature

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15 AUG 14 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

State of Florida

Department of State

I certify from the records of this office that OLIVERA HOLDINGS, LLC was a limited liability company organized under the laws of the State of Florida, filed on September 8, 2004.

The document number of this limited liability company is L04000065918.

I further certify that said limited liability company was voluntarily dissolved on August 11, 2015, effective August 12, 2015.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twelfth day of August, 2015*

Ken Diefmer

Secretary of State



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