## L04000065918

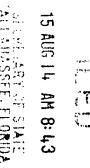
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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AUG 1 9 2015 Y SULKER

### **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
LAKELAND, FL 338/3 City/State and Zip Code
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. Olivern 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

CR2E141 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 14 PM 3: 06

SEURETAKO UF STATE
FALLAHASSEE, 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 Stat	utes, I hereby submit the following Statement of Termination:
FIRST: The name of the limited liability co	mpany is: OLIVERA HOLDINGS, UC
SECOND: The Florida Document number of	of the limited liability company is: <u>L040000</u> 65918
THIRD: The date of filing of the initial artic	cles of organization is: Sept. 8, 2004
FOURTH: The date of filing of the dissolut	ion is: <u>JULY</u> 22, 2015 .
FIFTH: This limited liability company has that it will file a statement of termination.  **The company has that it will file a statement of termination.**  **The company has that it will file a statement of termination.**	completed winding up its activities and affairs and has determined
Signature of Authorized Representative	Felipe J. DiverA Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

# 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

Secretary of State



Authentication ID: 500275950115-081215-L04000065918

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html