

LD5000096403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
15 OCT 20 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2015

N. CAUSSEUX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COCOVADO, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVETTE CHRISTENSEN

(Name of Person)

COCOVADO, LLC

(Firm/Company)

19528 VENTURA BLVD., #362

(Address)

TARZANA, CA 91356

(City/State and Zip Code)

For further information concerning this matter, please call:

YVETTE CHRISTENSEN at 818 783-3400

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2015

YVETTE CHRISTENSEN  
COCOVARADO, LLC  
19528 VENTURA BLVD. #362  
TARZANA, CA 91356

SUBJECT: COCOVARADO, LLC  
Ref. Number: L05000096403

We have received your document for COCOVARADO, 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 description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

EXAMPLE: GOING OUT OF BUSINESS

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 815A00019692

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
15 OCT 20 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
COCOVARDO, LLC

2. The Articles of Organization were filed on SEPTEMBER 29, 2005 and assigned  
document number L05000096403

3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31 2014  
(effective date cannot be prior to or more than 90 days later than date document is 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).

CONSENT OF ALL MEMBERS THAT THE COMPANY IS GOING OUT  
OF BUSINESS.

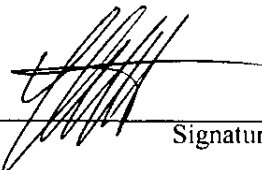
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

YVETTE CHRISTESEN

22800 SW 207TH AVE

MIAMI, FL 33170

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

X  Signature

X 9/3/15 Printed Name

FILING FEE: \$25.00

RECEIVED  
15 OCT 19 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA