

Division of Corporations

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**W6000047245**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.  
Account Number : 120110000091  
Phone : (305) 856-9900  
Fax Number : (305) 285-0015

17 JAN -6 AM 10:03

TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
ADRIGON, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 09 2017

S. YOUNG

ediz@richards-law.com

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **ADRIGON, L.L.C**

(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:

**ELENA DIAZ**

(Name of Person)

**RICHARDS & SANCHEZ P.A**

(Firm/Company)

**2665 S. Bayshore Dr. Suite 703**

(Address)

**Miami, Florida, 33133**

(City/State and Zip Code)

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For further information concerning this matter, please call:

**Elena Diaz**

(Name of Person)

at

**305**

**8589900**

(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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

ADRIGON, L.L.C.

2. The Articles of Organization were filed on 05/05/2006 and assigned

document number L06000047245

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 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).

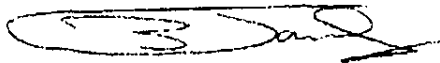
The consent of all members

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

Ramon Conde, Manager of the company

6770 Stirling Road, Hollywood, Florida, 33024

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:



Signature

Ramon Conde

Printed Name

**FILING FEE: \$25.00**

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