1060000 99618

| (Requ | iestor's Name) | |
|----------------------------|----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doct | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
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| | | |

Office Use Only



600257352046

03/04/14--01027--021 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FRAGA GROUP 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:

Fausto W Fraga

FRAGA GROUP LLC

(Firm/Company)

2189 SW TRENTON LN

(Address)

PORT ST LUCIE FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

Fausto W Fraga

_{at} 772

9854505

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is FRAGA GROUP LLC |
|----------|--|
| 2. | The Articles of Organization were filed on document number L06000099018 and assigned |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: 09/30/2012 |
| 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). OUT OF BUSSINESS |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: Signature |
| | FILING FEE: \$25.00 |