# LUL 000 107307

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:
		;

Office Use Only



100272759981

05/11/15--01039--011 \*\*25.00



#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

USA MOUNTAIN, 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:

ARIEL OLIVERA
(Name of Person)
(Firm/Company)
752 CEDAR TRAIL
(Address)
FLEETWOOD, NC 28626
(City/State and Zip Code)

For further information concerning this matter, please call:

## ARIEL OLIVERA

(Name of Person)

<sub>4,7</sub>305 \ 308-205<sup>1</sup>

(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 lia USA MOUNTAIN, LLC	bility company is
2. The Articles of Organizat	tion were filed on NOVEMBER 6, 2006 and assigned
document number L0600	0107307
effect) Note: If the date inserted i	te the dissolution if not effective on the date of filing:  ive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.
4. A description of occurrer 605.0707, Florida Statutes	nce that resulted in the limited liability company's dissolution pursuant to section s, (copy 605.0707 on back cover letter).
DISSOLUTION WAS APP	ROVED BY THE 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:	
6. Signature of an authorize listed above to wind up the	d person or if there are no members, the signature of the person appointed and sempany's activities and affairs:
Wit When	ARIEL OLIVERA
Signature	Printed Name

**FILING FEE: \$25.00**