

12/04/2018 14:55 3059339393

SERBER & ASSOC

PAGE 01/02

Division of Corporations

Page 1 of 1

07000086080

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000344264 3)))



H180003442643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -4 AM 10:22

FILED

LLC DISSOLUTION OR WITHDRAWAL
BONAFEDE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
DEC -5 2018
EXAMINER

2018 DEC -4 PM 3:59

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of a limited liability company is
BONAFEDE LLC

2. The Articles of Organization were filed on 8/22/2007 and assigned document number L07000086080.

3. The delayed effective date the dissolution is 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.

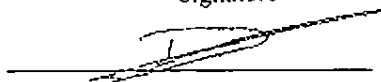
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

All the members have consented in writing to the dissolution of the limited liability company as they are no longer conducting Business with the company _____

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 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



Printed Name

S & A Company Management, LLC
Authorized Representative

2018 DEC -4 AM 10:22
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED