

L07000087721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

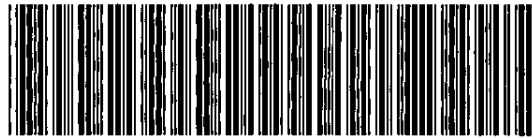
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Monica* **ONE**  
AUTHORIZATION BY FICORE TO  
CORRECT *#4*  
DATE *10/24/07*  
DOC. EXAM. \_\_\_\_\_

Office Use Only



800110098698

10/23/07--01059--014 \*\*30.00

FILED  
07 OCT 23 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mambo Swing 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:

Monica Aparicio.  
(Name of Person)  
Mambo Swing LLC.  
(Firm/Company)  
975 1st Place.  
(Address)  
Longwood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Aparicio at 407 301-5301.  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
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

FILED  
07 OCT 23 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Nambo Swing LLC

2. The Articles of Organization were filed on

Florida and assigned document number  
LB9000087721

3. The date the dissolution was approved:

10-19-2007

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

A LACK OF BUSINESS

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Monica Aparicio

Printed Name

Monica Aparicio

[Signature]

GERARD OCHOA



8/10/07

**2007 - 2008**

City of Longwood

175 W. Warren Avenue, Longwood, FL 32750

**LOCAL BUSINESS TAX**

LOCATION: 975 1ST PL

For the Occupation:

HOME OFFICE/NO EMPLOYEES

MAMBO SWING, LLC  
975 1ST PL  
LONGWOOD

FL 32



APARICIO, MONICA

LIC YEAR: 10/07 - 09/08

DIRECTOR OF FINANCE

RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

Receipt # 08-00013165

STATE #

CITY TAX \$ 50.00

ADMINISTRATIVE FEE \$ 15.00

TRANSFER FEE \$ .00

PENALTY % \$ .00

COUNTY TAX \$ 25.00

**TOTAL\$ 90.00**

*Carol Rogers*

MAMBO SWING, LLC  
975 1ST PL  
LONGWOOD

FL 32750