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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 Phone : (305)476-7100 Fax Number : (305)476-7102

1924 DEC 18 AM 8: 38
DEPARTITEM OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL ORINOCO DEVELOPMENTS, LLC

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

K. SALY DEC 1 9 2024

COVER LETTER

| TO: | | stration Section sion of Corporations | | | | | | |
|---|--|---|--------------------------|----------|---------------------------------------|--|--|--|
| SUBJI | | ORINOCO DEVELOPMENTS LLC | | | | | | |
| | (Name of Limited Liability Company) | | | | | | | |
| | | Articles of Dissolution and fee(s) are submitted to correspondence concerning this matter to | | | | | | |
| | | ANDRES BAZO | | | | | | |
| | | (Nam | c of Person) | - | · · · · · · · · · · · · · · · · · · · | | | |
| | | RASCO KLOCK PEREZ NIETO | | | | | | |
| | (Pirm/Company) 2555 PONCE DE LEON BLVD SUITE 600 | | | | | | | |
| | | | | | | | | |
| | | (| Address) | | | | | |
| | CORAL GABLES FL 33134 | | | | | | | |
| | | (City/Ste | e and Zip Code | :) | | | | |
| For fur | ther in | formation concerning this matter, please call: | | | | | | |
| | ANI | ORES BAZO | 305 at (| | 4767100 | | | |
| | | (Name of Person) | | rea Code | & Daytime Telephone Number) | | | |
| Enclose | d brad | nock for the following amount: | | | | | | |
| 325.00 Piling Fee and Cartifloate of Dissolution | | \$35.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | | | | | |
| | | log Address: istration Section | Surei Ad Registra | | ection | | | |
| Division of Corporations | | ision of Corporations | Division of Corporations | | | | | |
| P.O. Box 6327 | | The Centre of Tailahassee | | | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| The name of a | imited liabili | • • • | The first of the f |
|--------------------------------|------------------------------------|--|--|
| The Articles (| of Organization | n were filed on 10/22/2007 | and assigned |
| | nber 1.0700010 | | |
| Notes If the d | efficitive) In tionsection in t | he dissolution if not effective date cannot be prior to or more than his block does not meet the appli- tive date on the Department of St | 90 days later than date document is received for filing) cable statutory filing requirements, this date will not b |
| 605.0707, Fla | rida Statutes, (| copy 605.0707 on back cover | |
| THE COMPA | INY WAS ADA | KINISTRATIVELY DISSOLVE | O ON 09/23/2016 BUT THE |
| PARTIES WA | NT TO FORM | IALIZE THE DISSOLUTION (| OF THE LLC |
| If there are no activities and | | er the name and address of the | e person appointed to wind up the company's |
| | | 900 SE OCEAN BLVD SUI | TE 216 B |
| | | STUART FL 34994 | |
| Signature of a ove to wind up | n authorized p the company | erson or if there are no memb a activities and affairs: | ers, the signature of the person appointed and list |
| | DR | 12/14/24 | JUAN SAVELLI |
| | Signature | | Printed Name |

FILING FEE: \$25.00