

To: 19506176383 From: 14693173435 Date: 12/28/18 Time: 9:57 AM Page: 85/06

12/28/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

LLC DISSOLUTION OR WITHDRAWAL
MINISOL REES INVESTMENTS LLC

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

FILED
2018 DEC 28 AM 10:10
TALLAHASSEE FLORIDA
SECRETARY OF STATE

https://efile.sos.fl.gov/scholar/efilecover.htm

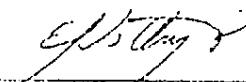
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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MINISOL REES INVESTMENTS LLC
2. The Articles of Organization were filed on JANUARY 8, 2008 and assigned
document number L08000002498
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018
(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).
Company closed.
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:

X 
Signature

EDUARDO SATTUI

Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 DEC 28 AM 10:10

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

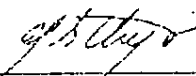
Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

EDUARDO MARTI

Printed Name of the Person Filing

X 

Signature of the Person Filing

Fee: No charge if Included with Articles of Dissolution. If filed separately \$25.00

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