

LC8000012710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

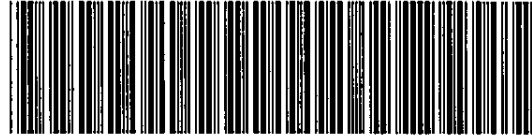
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700267709937

700267709937  
12/31/14--01013--013 \*\*25.00

FILED  
14 DEC 31 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARIBONI USA 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:

Giuseppe COSENTINO  
(Name of Person)

(Firm/Company)

2881 E. OAKLAND PARK Blvd.  
(Address)

FORT LAUDERDALE, FLORIDA 33306  
(City/State and Zip Code)

For further information concerning this matter, please call:

GIUSEPPE COSENTINO at (954) 621-8388  
(Name of Person) (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 liability company is

CARIBONI USA LLC

2. The Articles of Organization were filed on 02/04/2008 and assigned

document number L08000012310

3. The delayed effective date the dissolution if 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)

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).

VERY LIMITED SALES THE PREVIOUS FEW YEARS.

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:

*Paola Carboni*  
Signature

PAOLA CARIBONI  
Printed Name

**FILING FEE: \$25.00**

FILED  
14 DEC 31 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA